The American Journal of
NURSING

VOLUME XXVII NOVEMBER, 1927 NUMBER 11

The Types and Treatment of Heart Disease

BY SAMUEL A. LEVINE, M.D.

IT is the purpose of this discussion to take up the various important types of heart disease, indicating the essential differences and briefly to mention some of the underlying principles of therapy that pertain to each group. Many of the less frequent disturbances will be omitted and although some of these may be important, they will have to be sought for in more exhaustive treatises on the subject.

The important types of heart disease in the order of their development during life are congenital heart disease, rheumatic heart disease, thyroid heart disease, syphilitic heart disease, and degenerative or senile heart disease. In general, there are age periods that are more or less characteristic of each type of heart disease. In infancy congenital deformations are to be looked for. In early adult life, rheumatic infections such as rheumatic fever, chorea, and tonsillitis are the most important causes of heart damage. In middle life hyperthyroidism and syphilis are to be sought for as the underlying causes. Finally, in the latter decades of life the degenerative processes producing arteriosclerosis with or without hypertension play the dominant rôle. It must be borne in mind, however, that these age periods overlap to an appreciable extent, as we not infrequently meet the degenerative type of heart disease even with hypertension in patients thirty or forty years old, and rheumatic heart disease in people considerably older.

In congenital heart disease there is a malformation or an arrest of development of certain portions of the heart or main vessels leading from the heart. Some of the deformities are unassociated with any symptoms, and some even are without any signs of heart disease. For example, there may be a patent foramen ovale, which is a small hole in the wall between the two auricles in the heart, without signs or symptoms of heart disorder. In such a case, the congenital lesion might be accidentally found at post-mortem examination at the age of fifty. In general, symptoms of congenital heart disease are dyspnea, especially in the form of attacks, spells of suffocation, weakness or faintness, and evidence of poor and slow physical and mental development. The signs of congenital heart disease are marked cyanosis, especially at birth (blue baby), subsequent development of clubbed fingers, and the early presence of loud murmurs or thrills over the precordium. There is very little that can be done in the way of prevention and treatment of congenital heart disease. It resolves

itself essentially into a nursing problem, as such infants are very vulnerable to intercurrent infections. Because the prognosis is variable in different cases and some grow up to adult life with fairly good health, details of practical hygiene become of considerable importance.

The Results of Rheumatic Infections

THE second, and in a sense the most important type of heart disease, is that resulting from rheumatic infections. The relative frequency of this type of heart disease varies considerably in different parts of the country. It is much rarer in the southern than in the northeastern states. The exact cause of the rheumatic infection is not known, but it manifests itself generally as acute inflammatory rheumatism or Saint Vitus' dance. Frequently the patient harbors the infection without such evidence, having only a tonsillitis or sore throat or a few aches and pains in the limbs (often called growing pains), or some skin infection like erythema nodosum. At other times, none of the above symptoms occur and the illness is ushered in by an acute inflammation of the heart. Many of these children have a precedent history of repeated attacks of nosebleed and vomiting spells. In a considerable number there is a family history of rheumatic heart disease.

When the rheumatic infection once gets started, there is always a strong possibility that some cardiac damage will result. To be sure, there are some instances in which the heart is entirely spared and others in which the injury is comparatively trivial, but in many, organic changes result that prove serious. During the acute infection, signs may develop which already indicate involvement of the heart, such as a pericardial friction sound, indicating acute pericarditis, a diastolic murmur indicating disease of the valves, or certain irregularities of the rhythm, such as heart block or auricular fibrillation indicating myocarditis. When none of these is present, the heart is apt to be spared. Under such circumstances after a sufficiently long convalescence the patient may return to his ordinary activities and show no signs or symptoms of heart disease. Despite this apparent security, this type of patient frequently develops heart disease many years later, either as a result of subsequent attacks of rheumatic infection with further injury to the heart, or even after a long period of good health during which interval there had been no evidence of any infection. In other words, just as a patient who after having a primary chancre at the age of twenty may remain well for twenty-five years and then show signs of syphilitic aortic insufficiency, another patient may have rheumatic fever at fifteen and first begin to show signs of mitral stenosis at thirty-five.

Although rheumatic infections may injure all parts of the heart, *i.e.*, pericardium, myocardium, or the endocardium, the main practical problem results from the residual damage to the valves. It is not pertinent in this discussion to take up the diagnosis of valve disease, but it suffices to say that the two important lesions are mitral stenosis and aortic insufficiency. In the former, the pulse is small in volume, the lips and cheeks are apt to be high colored, cyanosis is frequent, and signs of congestion such as edema of the legs, râles in the lungs and an enlarged liver often occur. In the aortic type, pallor is more frequent and the peripheral vessels in the neck and at the wrist are apt to throb with each beat. With the latter condition, the heart generally remains regular

throughout; with the former, although for many years the heart rhythm is regular, auricular fibrillation eventually sets in and with this an absolutely irregular and rapid heart rate results, an irregular pulse, and a distinct pulse deficit (greater count to the apex rate as compared to the pulse rate). This latter condition is an important one to be familiar with, for under these circumstances the nurse who is able to perform proper auscultation of the heart and thereby follow the true heart rate, becomes a great aid to the physician in his treatment.

Treatment of Rheumatic Heart Disease

As far as the treatment of rheumatic heart disease is concerned, there are two parts to the problem. The first is the care of the acute attack of rheumatic infections. Here the patient is apt to be kept in bed for a long time under the best hygienic surroundings. Some form of salicylates is generally given for the rheumatic pains. Frequently added comfort may be obtained by wrapping the painful joints in absorbent cotton and using oil of wintergreen. It is important to do anything that makes the patient more comfortable in bed and it is frequently found that minor adjustments of pillows and backrests will go a long way to obtain this desirable result. The second phase of the problem is treating the patient when there is congestive heart failure. This generally comes years later. Here we are concerned mainly with the proper administration of digitalis. The exact dosage would have to be outlined by the attending physician but the nurse may render a valuable aid in the early detection of the toxic symptoms. These should constantly be watched for. The nurse should inquire whether the patient is becoming nauseated, and should watch to see whether the heart which previously was regular begins to show irregularities. Both of these features indicate that the drug should be omitted or at least diminished. The same thing is true if the heart rate becomes too slow; for example, under sixty.

An important part in the treatment of heart failure is obtaining restful nights. Often morphine will be necessary hypodermically, or some of the milder sedatives. Where there is edema, the patients do well to start on a Karrell diet which consists of 200 c.c. of milk, four times a day. After a few days of this diet they are generally given a soft or semi-solid diet, limiting the fluids to 1000–1200 c.c. Salt should also be restricted if there is any tendency to edema. Various emergency stimulants are used for attacks of collapse or marked dyspnea, such as caffeine-sodium-benzoate, 7½ grains intramuscularly, but the responsibility of this procedure surely rests in the hands of the physician in charge. In recent years much of value has been learned concerning the proper use of diuretics. The details of this will not be given here, but in general, medicines like theocin, diuretin, ammonium chloride and novarsurol have proved of value. A patient who has had congestive heart failure generally is going to be kept in bed for one to two months and one can readily see that the ordinary nursing care, apart from any special medication, is a most important part of the treatment, for anything that diminishes the physical and mental burden of the patient during this time, aids in his recovery.

Thyroid Heart Disease

The problem of thyroid heart disease is rather discreet and quite different from other forms of heart

disease. Once the diagnosis is made, the best procedure is a course of medical treatment which should prepare the patient for surgery. This consists of applying all the measures discussed above that are used in the treatment of heart failure, but in addition the administration of Lugol's solution, generally 8–10 drops, three times a day. With this routine, most patients improve quite markedly and the metabolic determination which was elevated above normal and which indicates hyperthyroid activity generally falls appreciably. Such a result is obtained in most cases in about two weeks and at this time operation is regarded as safe. Occasionally longer medical treatment is necessary if it is apparent that the circulation is going to continue to improve. Many patients who seemed to be desperately sick have had restoration of circulatory function in a most striking and gratifying way, after going through the above routine. The most important phase of this question is the recognition of the underlying thyroid disease which is often overlooked because of the frequent absence of exophthalmos and because of the fact that the thyroid gland itself need not be much enlarged.

Syphilis a Cause of Heart Disease

SYPHILIS has long been an important cause of a certain type of heart disease. In the great majority of cases in which this is true there is disease of the aortic valves, producing aortic insufficiency, or disease of the aorta, causing aortitis or aneurysm of the aorta. These results generally develop many years after the primary infection. One outstanding feature of syphilitic disease of the aorta or aortic valves is pain in the chest. Another prominent symptom is dyspnea which frequently is associated with Cheyne-Stokes or periodic breathing. With this, on careful observation, one can easily detect periods of acceleration in the breathing with gradual diminution in the rate, leading eventually to complete cessation, or the so-called apnœic period. Cheyne-Stokes breathing in some cases can only be detected at night. For this reason, a nurse should carefully watch such cardiac patients while they are asleep, to see whether the breathing is regular or shows evidence of the Cheyne-Stokes mechanism. This is important because many patients have suffocation attacks at night which are entirely due to this disturbance in respiration.

Aneurysm of the aorta may be apparent on inspection of the chest wall when the localized pulsation can be seen or felt around the base of the heart. At other times the aneurysm is hidden or, extending backwards, causes no pulsation of the chest and can only be detected by an X-ray. Occasionally a patient with aneurysm has a typical brassy cough. When there is aortic insufficiency, the pulse is Corrigan in type and the carotid arteries pulsate violently. Patients may have syphilitic disease of the aorta or the aortic valves for some years without showing signs of congestive heart failure. When these signs do develop, such as edema of the legs, congestion of the liver, and fluid in the chest, it is an indication that there is very little reserve left in that heart. They have not the same ability to compensate that one sees so frequently in rheumatic mitral disease. The latter patient may improve and do tolerably well for years, generally going through repeated breaks of compensation. Once the aortic type of patient shows heart failure, he is not apt to recover much compensation or live more than a year or two.

Treatment is the same as that for any kind of heart failure, except for the use of anti-syphilitic measures. There is some difference of opinion as to the value of the latter, and on the whole, in my experience it has proved of very little value. Sometimes, nitroglycerine, 1/100 grain, under the tongue, is helpful for the pain, but often morphine is necessary. When there is Cheyne-Stokes breathing and marked respiratory distress, both morphine and caffeine hypodermically have proved helpful.

Senile Heart Disease

THE last type of heart disease for our consideration is degenerative or senile heart disease. The basis of this disturbance is probably linked up with changes that are going on in the blood vessels of the body. This frequently is associated with hypertension, in which case it could be called hypertensive heart disease. At other times there is no hypertension but the arterial disease here seems to be more localized in the heart itself. Sometimes there is an associated nephritis; in fact there may be a concomitant arterial disease in any part of the body, like the blood vessels of the brain and pancreas. When the arteriosclerosis is essentially limited to the main branches of the coronary arteries, there results a condition called angina pectoris. When angina pectoris is not present, the generic term chronic myocarditis is used to describe the condition.

In angina pectoris, the striking symptom is constriction, pain or pressure generally in the sternum, coming on effort especially on walking. This may radiate to the left or right arm. It is apt to last only a few minutes and is relieved by resting or by taking a nitroglycerine pill. It may come without effort or with emotional upsets. In angina pectoris, dyspnea is not frequent; in fact, it is generally absent. There is also lacking the customary evidence of congestive heart failure. Examination of the patient need not show any striking abnormalities and the heart rhythm is almost always regular. Despite the appearance of good health that most of these people show, the condition is generally serious. Sudden death frequently occurs without warning, and when this takes place, the cause is apt to be a thrombosis or a closure of the coronary artery. It must be understood, however, that patients can have attacks of coronary occlusion and recover satisfactorily.

The treatment of angina pectoris varies a good deal, depending upon the severity of the symptoms and the economic status of the patient. It would be well to have the patient go to bed for a month, but many can hardly afford this until the symptoms are quite distressing. Some form of the nitrites, such as nitroglycerine, 1/100 grain, under the tongue, or the inhalation of an amyl nitrite pearl should always be used for each individual attack. If the patient is obese, he should lose weight. Sometimes diuretin, euphyllin, or some form of sedative diminishes the frequency of the attacks. The patient should be cautioned not to exercise himself unduly, or to overeat. It would also be well for him to rest, particularly after meals. I have found many patients who did not respond to treatment while attending to their work, show gratifying improvement on practically the same measures carried out while hospitalized. In this sense, nursing care in a hospital where proper mental and physical relaxation can be obtained has been of distinct value.

Chronic myocarditis is a condition in which the whole heart muscle

becomes gradually inefficient and although the valves function well, the strength of each beat is impaired. The rhythm of the heart is frequently disturbed and there results the condition called auricular fibrillation. Dyspnea is the outstanding complaint and soon there develops edema of the legs, engorgement of the liver and an accumulation of fluid in various parts of the body. Although this is at times called a senile condition, it may occur in comparatively young people at the age of thirty or forty. When there is congestive heart failure, the patient needs to be in bed for one to two months and treated along the lines discussed in the early part of this paper. Many of these cases may improve strikingly. They become entirely edema free, and lose the respiratory distress. All available means of therapy may be necessary, of which the ordinary nursing care is a most important one.

In discussing the means of prevention of heart disease, our helpful data are very limited. Until the cause and specific cure of rheumatic infections have been discovered, all treatment of rheumatic heart disease is palliative. It is true, however, that improved general nutrition, even overweight during the early years of life, will probably diminish the instance of rheumatic fever, for these infections in children frequently afflict undernourished subjects. Protection against colds and general infections, in so far as it can be carried out, is helpful. When it comes to the degenerative type of heart disease, heredity plays a most important rôle. Prevention of obesity will probably diminish to some extent, or at least will delay the development of degenerative disease. In general, it would be well for children to be over the normal weight, and for adults after the fortieth year to be below the normal weight. The really important steps in prevention will have to await the discovery of new facts concerning the whole heart problem.

["Nursing Care of Heart Disease in the Acute Stages," by Lucy H. Beal, R.N., will appear in the December *Journal*.]

A Census of Industrial Nurses

THE National Organization for Public Health Nursing is getting under way a census of industrial nursing. Nurses in industry were not included in the 1924 census of public health nursing, as it was found that a different method of approach would be necessary to secure information about industrial nursing.

At present there is little definite information anywhere as to how many nurses are working in industry, where and in what industries they work, and what they do. Therefore, it is planned to make the study as inclusive as possible. By industry is meant not only manufacturing interests, but (the term is used to include) all types of business, such as mining, commerce and trade, transportation, public services and others. Likewise, the study will include not only nurses who are employed directly by such companies, but the nurses employed by various nursing organizations and other, who work in industries to give nursing service to employees. When the study is complete, it is hoped it will be possible to give the nurses in industry the information now given for public health nurses in general; how many there are, where they work, who employs them and what nursing service they give.

Dr. A. B. Emmons, 2d, of the American Public Health Association, and Mary A. Clark, statistician, who planned the 1924 census, will act as advisers. The N. O. P. H. N. would appreciate receiving from anyone interested the names of firms, companies, associations, various offices, insurance companies, hotels and large buildings which employ nurses or buy nursing service. Suggestions as to whom to write for information would also be very welcome.

One Who Had Faith

ON that memorable occasion, now almost thirty years gone by, when Mrs. Robb and Miss Nutting called on Dr. James E. Russell, then Dean of Teachers College, to interest him in the wholly new idea of teaching nurses how to teach nursing, he is reported to have said: "I know nothing of nursing but I believe in you and I will do what I can to help you." Says Miss Nutting: "Dean Russell has had faith in us and that has prevailed even when he has not wholly understood our perplexing problems."

With the end of the last academic year, in June, Dr. Russell laid down the heavy administrative burdens he had carried so brilliantly, in order to devote his energies to some of the problems in connection with teaching for which, while Dean, he had not had the time. No words of ours can add one jot or tittle to his fame. It is but to honor the profession which he so unswervingly aided that we here record the debt which nursing owes to him.

In many ways the internationally known members of the faculty he gathered about him have testified to the consistent manner in which he lived up to the faith that was in him. Faculty members were not chosen because they could be depended upon to accept a preconceived policy, but because they had real contributions to make to educational thought. Students have had the experience of hearing quite opposing views expressed in various classrooms and the result has been stimulation to more

JAMES EARL RUSSELL

vigorous thinking. As an administrator, Dean Russell believed in choosing able people and "giving them their heads," a policy possible only for the truly great. The result, so far as nursing is concerned, is written on every page of the subsequent history of the profession. Had Miss Nutting and Mrs. Robb knocked on the door of a man endowed with less vision or with less courage in following a vision, nursing might not today be very far along the road to professional stature.

One out of every seven teachers in America has at some time studied at Teachers College. Probably among nurses who teach, the percentage is much higher than that, for it was many years after the course (then called Hospital Economics) which grew into the Department of Nursing and Health had been established that other universities also opened their doors to nursing. As one writer has aptly put it, "Dean Russell has had the satisfaction of seeing many of his heresies become orthodoxies in his twenty-five years." By emulating the Dean's patience perhaps we shall see the university education of nurses as orthodox as university education for medicine.

Teachers College under Dean Russell became "an institution of widening ideas and widening influences," a statement readily borne out in the Department of Nursing and Health, for has it not received students from China, Japan, Siam, the Philippines, Norway, Finland, Denmark, Bulgaria, Poland, France, England, Brazil, Canada and yet other countries? And from every corner of our own land nurses have gone to share in the intellectual stimulation provided for them in abundant measure.

It was in May, 1900, that Dr. Russell, speaking before the Society of Superintendents of Training Schools for Nurses (now the National League of Nursing Education) said: "As I look into it (nursing education) more and more I confess that I am surprised that it does not differ to a greater degree from the work which we are called upon to do in so many lines of educational activity," and he also said, "Progress is dependent on successful experimentation in new lines. That is a thing that we often forget."[1]

Mrs. Robb and Miss Nutting, chosen representatives of the best thought of the nursing profession, were imbued with a zeal for experimentation when they presented the educational needs of nurses at that interview with the Dean of Teachers College. Through them, the Dean opened wide the doors of professional advancement for nurses. That he consistently held them wide for more than a quarter of a century is, in itself, cause for enduring fame.

Rural Hospitals

ACCORDING to the last annual report of the Commonwealth Fund the Board of Directors in approving the project for building rural hospitals had in mind "the obvious and widespread lack of accessible hospital facilities of general character in rural districts, and the accumulating evidence of the disadvantage of rural communities as compared with urban in the matter of health, as shown in many instances both by their higher morbidity and mortality rates and the higher proportion of defects among rural school children. These hospitals, strategically located in various sections of the country, it is believed will in time influence neighboring communities to establish similar facilities out of their own resources and will help to break down the tradition that the hospital is purely a rehabilitative institution."

[1] *American Journal of Nursing*, December, 1900.

Professional Honor[1]

By Rev. Edward F. Garesché, S.J.

THERE is one aspect of professional life which deserves deep thought. It is a consideration which should appeal as well to the nurse and the physician as to the lawyer and the minister of the gospel. Whoever offers himself as a member of a learned profession to render service to the public is concerned with this aspect of his work. To dwell on it will be to strengthen the sense of duty, to stimulate diligence, to increase the realization of one's professional responsibility.

The consideration of which we speak is the thought of the dependence of the public upon professional honor, of the helplessness of the people against professional incompetence. The men and women who are ill and who need a nurse or a physician, who are injured in their rights or property and need a legal adviser, who are sick of soul and need a spiritual helper, must rely implicitly upon the honor of those whom they call to their assistance. The sick, like the injured or distressed or the sinful or sorrowful, must trust to the professional competency and uprightness of those whom they ask to aid them.

In other affairs, people can judge for themselves and can protect themselves against the unscrupulous and incompetent. When a man buys goods, he can inspect their qualities and form a judgment as to their worth. If he purchases food, he can tell whether it is fresh or corrupted. If he buys garments, he can see for himself whether they are warm, whether they fit, whether they are of fair quality and such as will serve him or his family as he wishes. If he hires a servant, he can judge of the quality of his work. If he builds a house, he can see for himself whether it is fit to live in.

But the service of the learned professions is of such a character that it does not bear measuring while it is being rendered. Even afterwards, the victim of incompetent service can sometimes not tell wherein he has been injured. The physician or the nurse, for instance, is supposed to know more than others about the care of health, and to be possessed, in fact, of a whole equipment of theory and practice which makes him or her specially competent to care for the sick, to restore that health which is one of humanity's most precious possessions. The mere fact that one has obtained a diploma to practice nursing or medicine and offers oneself to the public in that capacity is a guarantee that one has the requisite skill, ability, character to give normal service. The public cannot go behind appearances; it has not enough technical knowledge to detect faults and errors of treatment. It must trust to professional honor.

On the other hand, the crises and needs which drive mankind to seek the aid of the learned professions are pitiful and momentous. Sickness and distress, whether of body or soul or of both together, should move any humane heart to pity. The professional man and woman, offering to the public a service so necessary, ministering to needs so pitiful, possessing a knowledge so special and peculiar, should be moved to a genuine compassion and should equip themselves as excellently as possible for every emergency of practice because they are the

[1] This article will form one chapter of the book, "The Badge of Honor, Friendly Talks to Nurses," shortly to be published by Father Garesché.

sole and necessary human recourse of the miserable, the suffering and the afflicted.

In a normal character, to be trusted awakens an answering eagerness to be worthy of such a trust. The nurse, like the physician, is trusted to an extraordinary degree, trusted of necessity, trusted in the most momentous affairs of human life. She enters upon the scene at crises where other human aid fails or is found insufficient. She is supposed to bring to those who trust her and call upon her a special and adequate equipment of character, goodness, competence, knowledge, and to practice industry and earnestness to cope with the needs and distresses of those who summon her aid. Such a confidence ought surely to stimulate her to the highest energy and activity. The only answer to such a trust ought to be the best possible preparation for professional duty, the keenest and deepest sense of professional honor.

It is this consideration which induces society to hold professional folk in such particular respect. They are put above the general crowd in dignity and honor because they are considered to have devoted themselves to an honorable service and to have consecrated themselves with a certain self-sacrifice to the welfare of the public. The fees offered to the learned professions are not looked on as complete payment for services and sacrifices in themselves not capable of adequate remuneration.

Another characteristic of professional folk is their supposed and expected willingness to be ready for any ordinary emergencies. Ruskin says somewhere, if we remember rightly, that the soldier is honored because he is willing to lay down his life if need be for his fellow man, and the learned professions partake in some degree of this soldierlike readiness to make sacrifices and endure hardships in emergency. Because the subject matter of these professions and the services which they offer are so vital to human nature, those who follow them are presumed to be ready to succor others, even at the cost of much personal sacrifice.

Here again professional honor and the wish to live up to the trusting expectation of others is an immense stimulus to effort. Where we feel that others look to us confidingly for devoted service, we are stirred to render the best that is in us. The less exacting pursuits of mankind require no such high standard of devotion. If one merchant fails to sell the sort of goods we require, we can go to another. If one artificer does not give us the service we expect, we need not engage him the next time. But the services rendered by the learned professions are so much a matter of necessity and emergency that choice is often impossible and if the individual fails in his trust the unhappy victim can turn nowhere else for remedy.

Clearly, from these considerations, professional honor requires a very high standard of character, principle, study, observation and effort. Character and principle are demanded because on these supremely depends the sort of service which the professional man or woman will render. Without character and principle in the nurse or physician, and so of the rest of the learned professions, there can be no assurance of excellent service. Feelings, inclinations, sentiment, all vary and change indefinitely. It is only principle and character which remain always the same and offer a constant motive for fidelity despite weariness and tedium, disgust, aversion, and all the other obstacles which threaten to hinder excellent professional service.

Intense study and continual application are likewise a requisite of professional honor. No one can know too much about the object of his professional care. There is a constant increase in human achievement and experience along the lines of every learned calling. Merely to keep up with this progress requires continued application and if anyone leaves off study he at once begins to fall behind. Besides, the sudden emergencies of professional life do not always offer time for studying up just to meet the occasion. To be always decently ready requires constant study, application, and active interest to keep abreast with progress.

A wide-awake observation is also essential in the professions. They deal with the saving of human lives, and life must be known as a whole not only in its dissected parts. Members of the professions are constantly dealing not with human nature in the abstract, but with concrete individuals. To be narrow, ill informed, unobservant, out of touch with reality, is to fail in an important point of professional equipment. How often does one bit of knowledge and observation throw light upon a whole complicated situation. Knowledge of character, tact, sympathy, forbearance, are all the fruits of observation.

The constant effort and industry required in the professions sometimes escape the eyes of the inexperienced but they are no less real and wearying. To be constantly at someone else's service, subject to call of another's necessities, obliged to think for and minister to others' needs is a drain on energy and good will together, yet it is this sort of service which the professions offer to give to every one.

If any professional worker, reading these lines, should reflect that we are holding up too high a standard of achievement, there is a very simple rule by which he or she may test the accuracy of these remarks. We know extremely well, each one of us, what grade of service we ourselves desire from those members of our own or of other professions whom we summon to minister to our personal needs.

What sort of physician, nurse, lawyer, do we desire where our own interests are in question? The answer will be precisely a description of that sort of nurse or physician which we ourselves, embarked on that career, should strive to become.

This is the golden rule—to do unto others as we would that others should do unto us—and it is wonderfully clear, practical and illuminating. We know so well what manner of nurse we should like to have when we are reduced to extremity and suffering, in danger, eager to recover our health and to be delivered from pain. We should wish to have a nurse of the highest personal character and devotion to duty, kind, sympathetic, tactful, gentle, one who has greatly profited from experience and observations, one with all the good elements of character and none of the undesirable ones. That is therefore precisely the sort of nurse we should strive to become.

Our own nurse must also be thoroughly trained, competent, and possessed of the last degree of skill, conversant with all the latest developments of the nursing art. Through constant study and application we should like him or her to have acquired the best traditions and methods. In such an important matter as our personal health or even our life itself, no previous study and preparation would seem excessive to us which would give us just one more degree of skillful aid to overcome our sickness and regain our health. Now many a patient, suffering, anxious, eager to

regain his health, has precisely the same wishes in this regard as we ourselves would have. To satisfy his expectations we should ourselves study and observe.

The same reflections with appropriate changes may well be applied to the profession of medicine or indeed to any one of the learned professions. What is true of one in this regard, is, in general, true of the rest. We all know what we personally desire in those who have to minister to us, in those crises of misery, sorrow, weakness, affliction when we ourselves have to seek the aid of professional folk. By neatly reversing the picture and applying to ourselves the qualities we should wish to see in others, we can form a clear ideal of professional honor and determine just what we ought to do to justify the expectations entertained of us or the aid expected of us by those who seek our professional ministrations.

Exhibits, a Source of Inspiration

By Edna S. Newman, R.N.

ONE of the most attractive and helpful features of the Nurses' Institute sponsored by the Illinois League of Nursing Education, held in Chicago during two weeks in August, was an exhibit which owed its success to the combined efforts and coöperation of the various schools of nursing and public health agencies of the city.

For teachers of the sciences there were class and laboratory outlines which had been found practicable by instructors in such courses as anatomy, physiology, chemistry and pharmacology. There were trays, dressing tables, infants' cribs and layettes, "procedure books" and student nurses' ward practice records, of great interest to the teachers of different types of nursing as well to the ward supervisor. That the subject of ward supervision is definitely receiving a growing share of study and attention was evidenced by sets of notes taken by the students—graduate nurses—in a series of lectures on supervision, in which one of the hospital supervisors was the instructor.

For the administrator in search of new ideas in nursing school records there were helpful examples of almost every kind of record now kept in schools of nursing. One interesting graph proved that the matter of students' health is one of consideration and scientific observation. This graph showed the number of days lost through the illness of student nurses in one school over a period of four years.

Whether one's chosen field of work lay in public health or in institutional nursing, it was impossible not to be attracted by the exhibit furnished by the various public health agencies of the city. Among these were the Visiting Nurse Association, the Chicago Tuberculosis Institute, the Infant Welfare Society as well as the National Child Welfare Association. That these organizations appreciate the importance of educating the public and are making every effort to exercise this function was evidenced by their varied and extensive forms of publicity material. To teach health habits to children there were primers, posters, health charts, and pageants in miniature. In addition, vivid charts and posters warned parents against the dangers of exposing their little ones to contagious disease, and taught the importance of open windows, sanitation, exercise, posture, and proper diet. There were multitudes of pamphlets and leaflets along many lines, all with the view to instructing the public in the prevention of illness and the maintenance of health.

For every type of activity in the field of nursing and health, this exhibit had helpful suggestions and impressed one with the idea that exhibits are a necessary and vital adjunct of conventions, institutes, and meetings of every sort.

A CHILD, especially a baby, is in deadly danger whenever an individual with active tuberculosis feeds him, kisses him, or even holds him and talks into his face. The seeds of tuberculosis are often, perhaps usually, sown in childhood, and if you have this disease, and have not enough self-control to take the necessary precautions, there is just about an even chance that you will give it to any young child who has the misfortune to live in the house with you, whether that child is your own or another's.—"Overcoming Tuberculosis," by G. B. Webb, M.D., and C. T. Rider, M.D.

The Canadian Red Cross Outpost

By S. Leslie Bell, R.N.

"It is not spectacular like so much of the war-time work—it is just necessary, constructive peace-time work. What do you suppose these people would do without the Red Cross Outposts?"

THE relief nurse who had been sent to Northern Ontario while another nurse took a badly needed holiday, pondered these words many times as she found herself entering into the lives of the patients who came for help day by day at the Outpost. One patient, especially, seemed to clutch at her heart strings, a mother of four children, only 23, and desperately ill. She arrived one broiling afternoon after the following message from the physician: "I'm sending in Mrs. B., provisional diagnosis myocarditis, condition poor. Let me know when she arrives." The assistant nurse looked about her. How could she reproduce some of the comfort and care of the big city hospital, 500 miles away, in which she had had her training?

Two hours later, the patient, in a semiconscious condition, was admitted to a little single room, fresh from recent scrubbing, with a Gatch-frame bed with spotless linen, an electric fan lent by a grateful ex-patient—and a tiny posy of pansies borrowed from a convalescent in the next room, completing the preparations.

After hearing the history from the physician and receiving his orders, the assistant nurse set about her work with a lump in her throat and a grim determination that that woman's life should be spared, if a Red Cross Outpost could do it.

The stifling evening wore on; the pulse became feeble, feebler still, almost imperceptible. Was she going to leave us, so young, so brave, and so much needed? Dr. —— came up the stairs, two at a time. Departing, he said: "If you can tide her over the next few hours, she may rally in the morning." That night is still vividly remembered by the assistant nurse, also her feelings at 6 the next morning, as she stumbled down the stairs, happy in the consciousness that the patient's pulse was strong and fairly regular while she appeared to be sleeping comfortably.

Two obstetrical cases came next day, and four tonsillectomies, not to speak of the little Polish boy with pneumonia, and the aged farmer getting preliminary treatment at the Outpost before going to a distant city for a major operation.

Medical, surgical, obstetrical—such is the work the Outpost hospitals are doing, quietly, unostentatiously, without flourish of trumpets or advertisement, meeting the every-day needs of their district, and endeavoring to cope with almost incredible conditions.

These Outpost Hospitals are of three types:

1. The center of field nursing. The nurse works in the homes and schools of the district but no provision is made for inpatients.
2. The rural Outposts with accommodation for one or two bed patients but with field nursing as the chief work of the nurse.
3. The Outpost in a village or small town which functions as a small hospital.

The considerations which determine the establishment of a nursing Outpost differ slightly in each province, but in general terms the establishment of a Red Cross Outpost is undertaken only in a district lacking the existence of medical, nursing or hospital services.

We only go where we are asked to go. First of all we make a thorough survey of the locality, its population, its school facilities: its financial standing, the district to be served,

ONE OF THE OUTPOSTS

and its possible future. If we decide that it is a proper place to support an Outpost, we ask the community to provide the building and the equipment if they are able. If they cannot do this, we enlist the aid of some organization, such as the Imperial Order Daughters of the Empire, the Women's Institute, or the Canadian National Railways. By adopting this policy our own resources are conserved to meet operating deficits.

The total of work accomplished is seen in the fact that during the seven years of Outpost activity, since the work began with four Outposts in 1920, no less than 39,219 patients have received treatment at or through the nursing Outposts of the Red Cross. The share undertaken by the Provincial Division varies with the needs and abilities of each locality. In one province, the Division usually provides the equipment and the nursing services, leaving the building and the cost of supplies as far as possible in the hands of the local group. In another, the Provincial Division provides all furniture and equipment, including the drug supplies, places a registered nurse in charge, and a second where necessary, and meets all the costs of maintenance and operation during an initial period, usually two years, or until the local people are in a position to maintain the service. Then a new arrangement is made, if desired by the community, whereby Red Cross operation is continued as formerly, but under a guarantee to refund a percentage of the operating deficit.

Local coöperation is essential to success. Some local organization always stands behind the Outpost. For example, in Alberta, the building for the Outpost must be provided by the community. The Red Cross furnishes the nursing service and the equipment, being responsible for the administration of the Outpost, the local branch of the Red Cross pays the balance of the operating expenses. No Red Cross Outpost or rural hospital is operated in any district unless an active branch of the Red Cross exists, or is established to coöperate with the Divisional Office in operating the Outpost. The agreement made for provision of nursing service by the Divisional Office is for one year only, the position being reconsidered each year with a view to continuing assistance if the financial position of the district demands that further help be given. The policy of making a local branch mutually responsible with the Divisional Office for the operation of the Outpost has proved highly successful, because the local people develop a sense of responsibility, take more interest, and work harder in support of the hospital.

All Red Cross Nursing Outposts in Alberta, Saskatchewan and Ontario are recognised by the governments of these provinces as hospitals within the meaning of the Provincial Hospital Acts and are given the ordinary per diem allowance for patients. In Ontario a special grant is paid to the Ontario Division of one-half the net cost of maintenance up to a maximum of $15,000 a year.

Outpost work has grown beyond the stage of experiment. Confidence

has developed in the plan and consequently the number of outposts has grown until at present, judging from the requests sent to the Divisions, the number of Outposts which could with advantage be established, is limited only by the amount of money available for their establishment and upkeep. Today at 39 strategic points, from New Brunswick to British Columbia, Red Cross Outpost hospitals and nursing stations are established in the hinterlands of this great dominion so that the needs of at least some of our nation builders may be met.

To them come the woodman whose axe has slipped and injured him, the settler's wife who is adding a new citizen to the little group of "outliers," and the man or woman or child who has been smitten with illness. Thirty, forty, fifty miles through the bush or across the wind-blown prairie they seek the help of the Red Cross nurse to bring their troubles to a happy issue. On her they place their dependence and in her they find the patience and the skill and the care they need so much. When the patient cannot come to the Outpost, the Outpost nurse goes to the patient. Neither the condition of the roads nor the inclemency of the weather deter her from undertaking her errands of mercy. In the Outpost nurses the spirit of Florence Nightingale lives again.

And the physicians? Any mention of Red Cross Outposts recalls the labors of these men, so often, alas! entirely unremunerated. Their patience and kindness and unselfish devotion, their long toilsome journeys over well-nigh impassable roads, in blinding snow or torrential thunder storms, their disturbed nights and overbusy days, in conditions which might well daunt the stoutest heart. In many of the Outpost districts the physician is too far away to be available. These are the type 1 and type 2 Outposts, where the nurse must deliver the parturient woman alone or superintend her removal to a distant hospital, if such a move is possible.

One bitter winter night a prairie Outpost nurse was called to a young ranchman acutely ill and suffering intensely. Quickly she realized that his only chance, probably, was immediate operation. Every hour counted and the last train had gone through that afternoon. Vaguely there floated through her mind the

A "JIGGER" IN LIEU OF AN AMBULANCE

words of her superintendent in a class in ethics during undergraduate days: "I expect every one of my nurses to be able to carry a message to Garcia"; in other words, to get the better of any adverse situation! She had the patient conveyed to the railway line where she commandeered a gasoline "jigger" on which the mattress was laid. With a trainman as assistant, this nurse and her patient set off on the journey to Winnipeg. Through the bitter cold of that long night they pressed on, straining every nerve to reach the hospital in time. Suddenly the "jigger" slowed down and stopped, out of gasoline and no station near. "Well, we'll just get off and push," said the nurse, "he must be got to the hospital pretty soon if we're going to save him." On they plodded, nurse and trainman pushing their precious freight along, the frosty ground crackling under their feet and the stifled groans of the sick man breaking the stillness of the night. Dawn found them nearing Winnipeg, and by the early morning the patient was on the operating table; at noon he was reported "in good condition." The prairie Outpost nurse caught the afternoon train back.

Are the Outposts needed? Last year 3,088 patients received over 30,000 days of attention from Red Cross nurses. Under their care 743 babies were born whose mothers, most of them, must otherwise have gone unattended. Lives were saved, permanent disabilities were prevented, and an immense amount of suffering was relieved. This service is one in which every member of the Red Cross in Canada takes great pride, not only because of the benefits which it brings but also because it is one which has excited the admiration of other national Red Cross societies which have paid it the tribute of establishing it in their territories. The Red Cross Outpost is a real accomplishment. It is providing a service of incalculable value. It is an essential factor in the upbuilding of the Canadian nation.

Checking and Protecting Narcotics[1]

Method Used by the Cincinnati General Hospital

By Evelyn Mercer, R.N.

REGARDLESS of the simplicity or the complexity of the method of safeguarding narcotics against loss or theft, there will always be advantages and disadvantages to that method. The plan as used in the Cincinnati General Hospital seems sufficiently adequate for use there and is suitable, it seems, to practically any institution, regardless of size.

Narcotics are purchased by and delivered to the drug-room department, from which place they are dispensed to the twenty-four wards or other departments, and that makes for a much easier handling of them, for when once a student or a graduate nurse on duty has learned how they are cared for in one ward, she knows that in every ward there is that same method in use.

In the drug room, each bottle of 1,000 tablets is stamped with a number, and that bottle of 1,000 tablets is then divided and the tablets are put into small vials for use in the wards. There are 50 vials, each vial containing 20 tablets, which are labeled with small red labels reading "codein sulphate" or "morphine sulphate," and the size of the dose, also the number of the stock bottle from which they were obtained. These small vials are always kept filled and ready for distribution from the drug room.

To secure narcotics from the drug room, a prescription blank signed by one of the resident physicians must be used. These blanks are sometimes signed in advance and are kept locked in the narcotic cupboard for quick use, so that delay in locating a physician need not occur. On the blank the narcotic desired is requested, for use in ward "so and so" and is taken to the drug department by the student, head nurse, or supervisor. Upon presentation, a small bottle of 20 tablets is issued, together with a proof sheet, which is stamped with the number of the bottle—the bottle, proof sheet and prescription blank having the same number. The person obtaining the bottle signs her name on the back of the prescription blank, thereby checking the safe deliverance of the drug to the ward for which it is ordered. On the ward, the head nurse or charge nurse counts the tablets when received, to make sure no mistake has occurred in the drug room.

The druggist files the prescription blank and keeps it in a running file until the empty bottle and proof sheet, with corresponding numbers, is returned, and until all the bottles and proof sheets from the stock room bottle have been returned. When the records for one large bottle are complete at the drug room, every tablet being accounted for, the 50 prescription blanks and 50 proof sheets bearing the same number are placed in a large envelope and filed. Our druggist feels that in his department the checking is quite reliable and simple.

Checking on the Floors

EACH ward is provided with standard narcotics, which are morphine ¼ and ⅙, codein ½ m. and ¼ h., Camp. Tinc. Opium ℥ ii, Lead and opium pills gr. i, Cocaine sol. and crystals as needed.

[1] Read before the Ohio State Association of Graduate Nurses, Dayton, April, 1927.

As has been described above, each bottle is labeled and stamped with a number corresponding to the number on the proof sheet for that bottle. The proof sheets are kept together on a chart rack at the head nurse's desk. The narcotics are kept in a small narcotic cupboard, locked, the key to which is carried by the head nurse, and in her absence by the nurse in charge.

No verbal or telephone orders for narcotics may be taken, that point being stressed in Materia Medica courses for student nurses. The order for medication must be written by the doctor in the ward order book.

When using, the bottle is removed from the cupboard from which the medication is to be prepared. Immediately after giving, the small bottle during this time being carried in the pocket, the nurse returns with the patient's chart, to the desk, where she does the following:

1. Signs on the proof sheet—the sheet labeled with the medication and having corresponding number on bottle:

(a) The patient's name and service, *i.e.*, surgical, medical, pediatric, etc.

(b) The date.

(c) The dose.

(d) Nurse's signature.

2. Returns the bottle to its proper compartment in the medicine cupboard.

3. Charts the medication given on the patient's chart and checks the order in the order book, giving the time given and her initials. (We do not require the nurse's name on the nursing procedure chart.)

When giving narcotics which are p.r.n. orders, each time the medication is given it is charted on the patient's chart and is signed for at once, as above.

The check is made in this way. The head nurse or charge nurse counts the narcotics daily, to know if each tablet used has been signed for on the narcotic sheet, and in the written report which she leaves she states "Narcotics correct" or "Narcotics incorrect" and what is missing. Each nurse on duty does the same thing; the afternoon nurse before reporting off duty, and the night nurse also. Therefore, if there has been a mistake, it is discovered within eight hours, so that everyone on duty can be held responsible.

A Monthly Check

THE first of each month all the narcotics are returned to the drug room from all wards, in small boxes, and the druggist goes over them to see that the correct numbers are in the bottles, according to the proof sheet. The system is a very satisfactory one.

The difficulties that are experienced are these: (1) Making new interns, each year, know that verbal orders or telephone orders for narcotics may not be given; (2) Forgetting to sign for a medication during extremely busy hours when one nurse is alone on a floor; (3) Occasionally signing on the wrong proof sheet; *i.e.*, for codein ¼ (h.) on the morphine ¼ sheet. There may be no erasures or scratching out on the proof sheets. This is taken care of by the druggist who must check the sheet the next day. (4) Special duty nurses occasionally are careless and it is necessary for the head nurse to keep a close check that mistakes may not occur. Occasionally nurses giving a medication forget to sign for it on the proof sheet, sometimes signing on the wrong proof sheets, and not matching the numbers on the bottle and on the proof sheet. This happens very rarely, because it is such a grave offense when it does occur that the students are very

careful to see that they have the proof sheet with the number corresponding to the bottle from which the medication was taken.

Narcotics may not be borrowed or loaned from one ward to another, so that in case the supply is exhausted on a floor during the night, the drug room clerk on call, upon presentation of the properly signed prescription blank and empty bottle and proof sheet, signed by the head nurse or supervisor on duty, issues a new bottle. In this way the doctor need not be called at night.

As to theft—this rarely occurs. The most recent incident I shall relate. Someone was giving medications and not signing for them or, at least, was getting the narcotics mixed up. They were watched carefully. This person was substituting atropine tablets for morphine. It was discovered within eight hours from the time she had done it. A check was made in this way. As each nurse reported off duty, the old bottle was returned to the druggist and a new bottle placed in use. In a very short time the mistake was found and the person dismissed; so that there can be no theft without discovery in a short time.

If a tablet is divided, dropped, or stepped on, or the medication is made up and then is not given, it is signed for on the proof sheet as wasted by the nurse who is responsible for that tablet. If there are many wasted, there is an investigation. When a child's dose is made from a tablet, they put down the dose given as ¼ or ⅙, and the amount used.

In any system the advantages must offset the disadvantages, and we think this system does so.

Improvising in Private Duty

By Theodora Stearns, R.N.

SPRING or pincer clothespins are useful for innumerable purposes as: holding charts to backing; fastening mosquito bars, as pins tear them; taking up tucks in electric-light or appliance wires; fastening slippers together; taking up hot lids or other articles.

When hot moist applications are prescribed in an emergency, they may be heated by laying wet fomentation cloths of part wool on top of a hot range, turning frequently.

For routine procedure a convenient "steamer" is made by lowering a round wire drainer or piece of chicken wire, part way into a bucket about one-third full of continuously boiling water, and fastening to the ends of the bail with wire. In this two or three moist fomentation cloths are steamed. They may be picked up with a spring clothespin and spread upon the dry cloth in which they are wrapped. This technic saves time and strength in wringing, when many are ordered.

For an improvised bedpan, confiscate a large milk pan or basin. Lay across part of it a thin strong board like that which comes on orange crates. The ends of this had better rest on sand bags, and the patients' hips should be partially supported with a little pillow, or roll. If some member of the family can do it, let them cut out part of a circle in the board. This board should be padded a little and covered with rubber sheeting, if possible. It is well, also, to slit a cardboard in several places, to slip over the opposite end of the pan for a "splasher" when giving an enema.

When the case looks like a short one, or the patient is unable to obtain an enema can, and the funnel, rectal tube and pitcher method is not preferred, an enema can be "conjured" out of a new gallon oil can, cutting out the bottom with a can opener and punching two holes near the edge for a wire or cord with which to hang it. Screw the cap on tight and cover with adhesive (or have a handy-man solder it), and secure the tubing on the spout with adhesive.

A fairly good shower bath may be made out of a five gallon can in a similar manner, only use larger tubing and a bottle-cap clothes sprinkler for a spray. Here another use is found for clothespins, in shutting off the water. Of course, watering cans are often handy.

Fire Insurance[1]

By Hannah Benner Ogden, R.N.

ON all trays used at the bedside for stupes and other hot applications, a metal guard around the alcohol lamp protects the flame from draughts, protects the patient from the flame, and concentrates the heat.

A local tinsmith can make it—three leaves of sheet iron, bound together with simple hinges—it can be folded flat and placed on the tray when not in use.

With this is used a round, tin

alcohol lamp with three burners, also made by the tinsmith, and an iron stand with four legs about six inches high. The basin rests on top.

Beatitudes of a Visiting Nurse

By Frances Fell, R.N.

BLESSED is the Visiting Nurse who can arise refreshed in the morning with the many perplexing problems of the previous day erased so completely from memory that she is eager to don the blue uniform and seize her indispensable black bag, thrilling with anticipation of fresh adventure;

Who can knock at the door of the foreign home and, in spite of the barrier of language, strange customs, and superstitions, by the miracle of her tactful manner and smiling interest gain the confidence of a frightened, puzzled European mother and teach a health lesson that will never be forgotten;

Who can bring comfort to the home where unemployment and sickness have entered together with the resulting pitiful discouragement and unhappiness;

Who can recognise the doctor as her co-worker and coöperate with him to the best of her ability, thus assuring the patients that these two people are vitally interested in their health.

Blessed is the Visiting Nurse who can enter the chronic's room with cheerful enthusiasm, thereby demonstrating to the family the importance of continued, sympathetic care even if the memory of the acute illness, with the attendant anxiety, has vanished;

Who can adjust to the luxury of the well-to-do home where she has been called to give a treatment, or series of treatments, requiring skill and tact;

Who can regard each newborn baby as a citizen whose birthright is good health and who knows that good health habits begin in the first week of life and considers it a happy privilege to start this squirming, red-faced, fuzzy-headed, atom of humanity on the right pathway;

Who can accept criticism without resentment because she too can catch the vision of the other public health worker and makes each mistake count as a round which she has climbed in the ladder of good public health nursing;

Who can accept the challenge of other interests after the close of the working day, because she feels that these outside contacts inspire her to fresh endeavor and show her the unlimited scope of the particular field in which she is working.

Blessed is the Visiting Nurse who can retire at night conscious of the helpful work she has been happy in performing that day, but fully realising that tomorrow may reveal tasks for which assistance will be needed from other sources.

[1] Five years of nursing in China helped to make this author resourceful.

Little Coal-black Rose

A Flood Experience

By Jennie MacMaster, R.N.

IT was in one of the refugee camps of bayou-combed, moss-draped Louisiana that his nurse met and nursed and bid farewell to her "little coal-black rose."

It happened that a sudden influx of new refugees created a great stir and hum in camp and, incidentally, caused an outbreak of measles. To conquer this new menace as speedily and as thoroughly as possible, an abandoned "cook house" was reopened as a "measles hospital." It made an ideal hospital because it was divided into two large rooms, which were used respectively as a boys' and a girls' ward, and it had a well-screened opening all around the building. One corner of the girls' ward was already fitted with a sink, so an oil stove and a cook were installed, and this completed the establishment of our measles hospital.

It was to this hospital that Henry, aged four, came tearfully and none too willingly. He didn't want to leave his own tent, nor his foster mother, nor to be deprived of the unusual joy of so many children to play with and of so very much visiting. Nor did he want his "mammy" to leave him at that hospital, where the older boys had told him that fearful things happened; above all, he didn't want his "mammy" to go away and leave him with that strange white nurse.

But Henry's troubles were short-lived—at least his consciousness of them was short-lived—for no sooner had the strange white nurse bathed him and laid him on the comfortable white cot, than he curled up and fell sound asleep. Nor was he again conscious of his troubles for a week or more, except when he was aroused for medicine or for nourishment. In fact, Henry slept so much and his woolly little head looked so black on the white pillow, that he was much commented on by the doctors and the other nurses. His nurse merely smiled at the comments till one morning a visiting official, pausing by the tiny sleeper's bed, laughingly demanded: "And what do you call this?" when Henry's strange white nurse, still smiling, said: "Oh, that's my 'little coal-black rose'"!

From that morning, Henry was the "little coal-black rose" of the hospital. But some visitors, who possibly did not know the song and so did not understand the significance of the designation, shortened it to "the rose." So common did the name become that Henry, slowly gaining strength and, at the same time, an abiding interest in his new home, wasn't long in learning that it was he who was "the rose."

By that time the nurse didn't have to coax and force Henry to eat; he ate every bite without the least urging, and he was growing stronger and brighter every day. Then, one day, the doctor pronounced him ready for discharge, but his nurse begged to keep him because it was such an excellent chance to "build him up." So Henry, though he had approached perilously near to discharge, continued happily in his new home. He no longer cried when his foster mother came to talk to him through the screen; he turned gaily back to his play when she left. He ate everything on his plate and brought it back for more—and his plate always

contained those vegetables and other foods known to be especially good for the well-being of children, the foods of which mothers are sometimes heard to say, "I just can't get Billy to eat them! He doesn't like those things!" But Henry had learned to like them. And he drank milk morning, noon and night, and between meals and at bedtime. His laugh rang out more frequently. Then, one day, his foster mother appeared at the screen door and asked: "Nu'se, don' yuh think yuh had bes' let me take Henry home?"

The nurse, not greatly pleased with the idea of sending Henry from that big, cool ward to his crowded, hot tent, stepped to the door to talk it over; but before she could say a word, there was a streak of blue coveralls, a puckered small face, and a woolly head was buried deep in the strange white nurse's skirt, while a high, softly accented, baby voice wailed: "Ah don' wan'na go home!"

Henry cried so violently that even his foster mother was satisfied to leave him there. When she returned to talk it over, the nurse inquired when the family expected to go back home and, learning that they were having their discharge papers filled out and expected to leave camp in a few days, she advised that they leave Henry at the hospital till the last minute, then drive by and pick him up, when the excitement of the ride would distract his attention from the fact that he was leaving.

And that was how it was managed. When the time for departure drew near, Henry was taken aside for his bath. During the bath, and while clean clothes were being put on, he heard thrilling stories of what a fine ride he was to have. So when the wagon drew up to the hospital, Henry willingly climbed aboard. Wedged in between his foster brothers, with what household goods they had saved from the flood piled behind them, the "little coal-black rose" waved a gay good-bye and turned eagerly to the adventures of his ride.

For an hour or more they rode through flood-devastated country, only Henry didn't know that it was devastated, he only knew that the sun shone and that they were in the country and that the horses went on and on. Finally they did come to the bayou, and little Henry's heart leaped and skipped a beat while he clapped his hands in glee, for there was the funny flat boat, just like the nurse had said, and when they drew up to the bank, two automobiles were on the boat and the men were pulling them across with ropes, just like the strange white nurse had told him they would. And then it was their turn, and Henry just couldn't sit still; and the men started to pull the ropes and the funny flat boat got away out into the water, when suddenly something happened. What it was that happened the "little coal-black rose" never knew; all that he did know was that he was suddenly plunged into the water. He was terribly frightened and screamed for his mammy, but he wasn't frightened long, and he never did return to his cabin home; he took a much longer journey to a land where he found countless other "roses"—a land where, we are told, it matters not whether the "rose-buds" are black or pink.

IN the five-year period, 1921–1926, there occurred in this country 304,045 cases of smallpox, a preventable disease, and 3,710 persons died of it. Only 7 per cent of all the smallpox cases were found in states where compulsory vaccination is legal and these comprise 31 per cent of the population, whereas 24 per cent of the cases occurred in states where there is some restriction placed upon compulsory vaccination.

Schools of Nursing in Switzerland

By Marthe L. Thévoz, R.N.

ALONG the shores of Lake Geneva the little steamboat is going quietly. The deep blue and calm water is contrasting strangely with life aboard. Conversations are going fast: English, Italian, Finnish, French, Bulgarian, and so many other different languages are spoken that I wonder whether it is Geneva that I see in the distance.

We nurses are here from thirty-four different countries, to attend the Interim Conference of the International Council of Nurses. Before parting we have that wonderful opportunity of taking a lovely boat trip, which brings us in closer contact with each other. Groups are soon formed and, passing by, one can hear various subjects discussed in so many different tongues.

It is precisely one of the aims of such a Conference: to bring together nurses from different countries and have them talk over their problems.

For us Swiss nurses the Conference has been of the greatest importance. We knew very little of each other before July 27, 1927. It helped to bring us together—nurses from the French part of Switzerland and those from the German side; nurses from different schools of nursing. It united us and proved that we could work in coöperation for the realisation of our purposes: the raising of the nursing profession to a higher standard and the formation of a self-governed nurses' association.

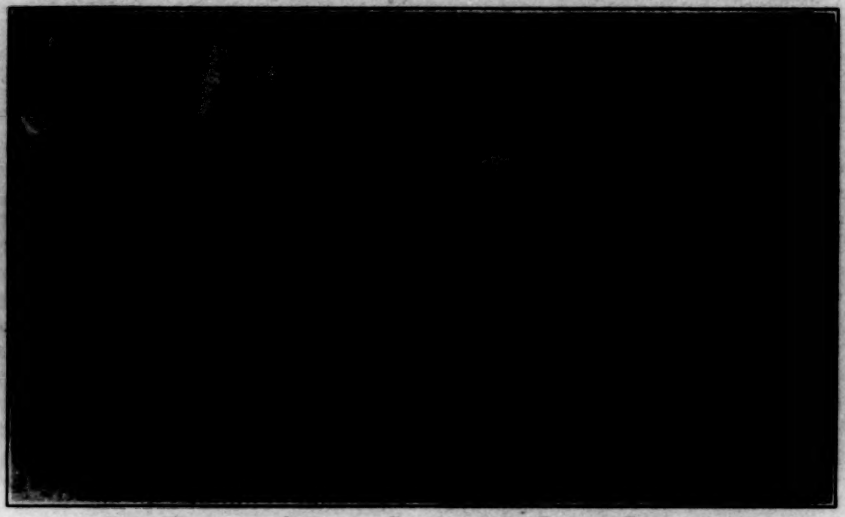
The actual Swiss Nurses' Association was founded sixteen years ago, and is working in close coöperation with the Swiss Red Cross. Most of the administrative positions in the organisation are occupied by medical men, for which reason Switzerland cannot belong to the International Council of Nurses.

Nurses who have graduated from any one of the four recognized schools of nursing become—without passing any special examinations, except the ones from their school—members of the Swiss Nurses' Association. However, any woman who has done some practical work only in a hospital for a period of three years, after passing a practical and theoretical examination, may become a member of the Swiss Nurses' Association.

Modern type of nursing began, in our country, in the middle of the nineteenth century. It was at the close of the Crimean War, and under the influence of the noble work accomplished by Florence Nightingale, that a generous gift from Count de Gasparin made it possible to open in Switzerland the first school of nursing, in 1859. Opposed to the so-called "religious system" of nurses' training at that time, Count de Gasparin wanted to prove that professionally well-prepared and serious-minded nurses would give just as good nursing care as was given by either nuns or deaconesses.

Under the name of "Ecole Normale de gardes-malades"—later on "La Source" at Lausanne—young women were admitted who were spending four months only at the school, receiving a very short theoretical course and some practical experience, by being sent into the community to nurse those who were sick.

Shortly after, the length of the course was increased to five months, and today, student nurses are spending the first nine months of their training at the school. During that time they receive their theoretical



SWISS NURSES AND SISTERS OF CHARITY AT THE INTERIM CONFERENCE

courses—two hours of lectures a day—and they get their practical experience at a small private hospital, at an infirmary and at a dispensary, the three being connected with the school. Pupil nurses are also sent to give nursing care to poor families in the city. They pass every month from one service into another one. At the end of their nine months at La Source, student nurses have their first examinations and then are sent to different hospitals in Switzerland, France, Belgium or Italy. They stay for two years in the same hospital, where they get practical experience only—no lectures being given—under the supervision of graduates of their own school, who keep in touch with the school director. The last three months of the whole course are spent again at La Source, where students are once more under a closer supervision of the school director, and they pass their final examinations, which give them the diploma of the school and of the Swiss Red Cross.

A similar method of nurses' training has been adopted by the three other recognised schools of nursing in Switzerland. These being located in the German part of Switzerland makes it necessary, in order to enter one of these schools, to possess a thorough knowledge of the German language.

The "Lindenhof" at Berne, a private hospital of about eighty beds, opened a school for nurses in 1899. There student nurses spend the whole first year of their training at school. They have a probationary period of six months, and they have to pass practical and theoretical examinations at the end of the first year. They are then sent to different Swiss institutions—private or city hospitals—where they have practical work only. They come back, as at La Source, to spend their last three months of training at the mother school.

The "Schweizerische Pflegerinnenschule of Zurich," established in 1900, is connected with a private hospital having seventy beds and with the

SOME SISTERS AND NURSES OF FRANCE AND SWITZERLAND AT THE CONFERENCE

University Hospital of Zurich. It offers three kinds of courses:

1. A general three years' course of nursing. The first year is spent at the school, during which time intensive instruction is given, both in theory and in practice. The first six months serve as probationary period and the first year ends with examinations.

In her second year the student nurse works at the University Hospital of Zurich, passing from one service into the other one.

The third year of training is spent in one of the city or canton hospitals in Switzerland.

Only nurses who have completed this full course are admitted as members of the Swiss Nurses' Association.

2. A two years and two months' course in training nurses for obstetrical and infants' nursing only. The first year is spent at the school, where theory and practical work are taught. The second year nurses are working at the women's hospital, and the last two months, at the Children's Hospital connected with the University of Zurich.

3. A short eight months' course is given to prepare young women in general home nursing and first aid.

The "Bernische Pflegerinnenschule Engeried" at Berne was founded in 1910 and offers the same kind of nurses' training as those mentioned above.

General requirements to enter any one of the four recognized schools of nursing are:

Age, between 20 and 32.

None of these schools have, as yet, specified any previous general school education. Two of the schools require the complete primary school, and one of the two gives preference to nurses who have two years of secondary school education.

A certificate of health examination by the home physician is required in the four schools.

Tuition fee, 450 francs to 1,500 francs.

Board, room and laundry are provided; personal expenses, including textbooks, indoor and outdoor uniforms, are borne by the student.

The three schools located in the German part of Switzerland make it obligatory for their nurses to belong, upon entrance, to the School Insurance Company.

Graduates from La Source, the Lindenhof and the Schweizerische Pflegerinnenschule are, in case of emergencies (war, disaster, epidemics, etc.), officially mobilized.

Nurses are on duty from 6 a. m. till 8 p. m., having time off to attend

lectures, and in the afternoon one, or possibly two hours off duty.

One free afternoon is usually granted per week, two or three hours off on Sunday. Three to four weeks' vacation are given a year.

Besides our four recognised schools of nursing, we have a number of smaller schools, offering courses of various length. Some of them are giving an intensive theoretical course of six to ten months, and send away their students to different hospitals to receive their practical experience. At the end of eighteen months or two years, these nurses will receive their school diploma, but in order to belong to the Swiss Nurses' Association they must have a total of three years of hospital experience—this includes their school training—and they are obliged to pass the practical and theoretical examinations of the Swiss Nurses' Association.

Nursing education in Switzerland is a great and difficult problem. Our country is very small and three different languages are spoken: French, German and Italian.

Most of our canton and city hospitals are entirely in charge of either nuns or deaconesses—which means a great saving for our cities and cantons. This situation closes many opportunities for our student nurses to receive their practical experience in our own hospitals. Therefore it is necessary to send some of the nurses, during part of their training, to France, Belgium and Italy.

A great task is in front of us, Swiss nurses, in order to improve our methods of nursing education. It is only by working hand in hand—nurses from the different parts of Switzerland—that we will reach the goal and raise the standard of the nursing profession in our small country.

New Use for Canned Heat

THE Heineman Diagnostic Laboratory is using canned heat for the purpose of flaming the necks of glass bottles with salt solution, blood, etc., to keep them sterile and prevent air contamination during transfusions and intravenous injections. It is used because it is handy and transportable, and because gas connection is not available at the bedside. For the same reason they make use of it, whenever they take cultures or do similar work away from the laboratory, to flame the necks of containers.

Alumnae Representation on Training School Committees

A STUDY of Alumnae Representation on Training School Committees of Schools in Ohio, following the questionnaire method, by the Educational Section of District 4 (Cleveland and environs) reveals some interesting data.

Fifty-five replies were received—in other words, a 77 per cent response. Thirty-seven of the schools reported training school committees, but only five have alumnae representation. One of these is secured by election, but the electing body is not mentioned; one is appointed by the trustees of the alumnae association; the third is elected by the balance of the Training School Committee; the fourth is appointed by the president of the Hospital Board; and in the fifth instance, the president of the alumnae is automatically the representative on the Training School Committee.

The principals of the five schools all favor alumnae representation as, in one way or another, it tends to create a wider interest in educational programs.

Five schools are definitely opposed to such representation, although they have not tried it. The positive opinion, therefore, far outweighs the negative and offers material for thought for other schools and hospitals.

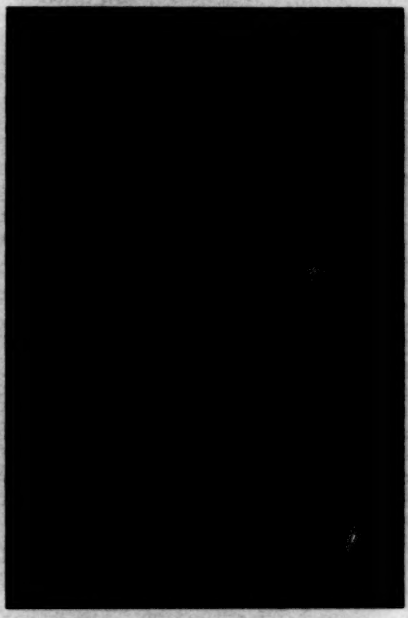
It is significant that the schools of nursing, in Ohio at least, have not yet very generally adopted a plan found by colleges to be extremely fruitful.

Flora Madeline Shaw, R.N.

MANY pages of the *Canadian Nurse* for October are devoted to the life and work of Flora Madeline Shaw, and justly so, for she was of Canada's elect. But Miss Shaw was not Canada's alone; she was one of those whom the nurses of all nations love to honor. Memory treasures many contacts with her; as a most welcome and charming guest at our National Nursing Headquarters assiduously seeking further knowledge and understanding of American nurses and their ways, although she had at various times lived and worked on this side of the border; at Helsingfors as one of Canada's group of distinguished representatives; in London adding to an almost encyclopedic knowledge of nursing in Great Britain. Most charming of all is the memory of the gracious hostess to a group of nurses gathered in her own city, Montreal. Kindliness, tolerance, vision, knowledge, combined with pioneering courage, these she had and gave in fullest measure to her profession.

Miss Shaw was en route from the Interim Conference at Geneva, conveying to Canadian nurses the glad tidings that their invitation for the regular Conference of the International Conference of Nurses to meet in Montreal in 1929 had been accepted, when death came swiftly to her in Liverpool.

It makes vacant the post of Director of the School for Graduate Nurses at McGill University, one which she filled with distinction, and the position of President of the Canadian Nurses' Association. "The Association," says Mabel F. Gray, of Vancouver, first vice-president, "is just now entering upon two enterprises in which Miss Shaw was keenly interested: the first is the proposed study of Nursing and Nursing Problems for which a joint committee of the Canadian Medical Association and the Canadian Nurses' Association is working out a plan to be submitted to the two associations; and the second, that in 1929 Canadian nurses are to be hostesses to the International Council of Nurses. In both of these movements we shall miss Miss Shaw's guidance, but we know what our President expected of Canadian nurses: their earnest study of our nursing problems and hearty assistance and coöperation in the proposed study; and in arrangements for the entertainment of our sister nurses from other countries, a happy and hearty coöperation with our members in Montreal who will act as hostesses for Canada and for Canadian nurses."



FLORA MADELINE SHAW, R.N.

Those who know Canadian nurses have no shadow of doubt of their ability to "carry on."

The services held for Miss Shaw in

Liverpool, on August 28, and in Montreal on September 12, were extremely impressive. That in Liverpool was held in the Lady Chapel of Liverpool Cathedral and was attended by distinguished nurses from both London and Liverpool. Archdeacon Howson said, in part:

Today we gather together in this shrine of noble women to thank God for that earthly service rendered with such wisdom, such wide sympathy and practical sense of the real value of things. It is true that she was known intimately to very few of us, but her career and her strong guiding influence in the noble profession which she had chosen is more than national. She belonged to Greater Britain. It is a pathetic privilege to us that she, for a short while, lies within what I have ventured to call "our shrine of noble women." "A noble life," says one, "is not a blaze of sudden glory, but just the adding up of days in which good work is done."

The scene during the service within the Church of St. John the Evangelist in Montreal was unique. On either side of the bier stood nurses representative of each service of the profession in Montreal, the front row being occupied by additional numbers of uniformed graduate nurses. Beyond them and banked against the chancel screen stood the numerous floral pieces, tributes from the Canadian Nurses' Association, the Victorian Order of Nurses, the Child Welfare Association, the McGill School for Graduate Nurses, and many others.

So was she honored in death, but the great honor is yet to come—the fulfillment of her cherished plans and dreams by those who come after her.

The Dignity of Work

THE dignity of work is not always understood. It is often thought to lie in the work—that this work is more dignified than that—that that work is less dignified than the other. Not so; this view is entirely wrong. The dignity of the work lies not in the work, but in the working, in the doing of it and in the attitude of our mind in regard to it.

We have known of women in our own profession, Florence Nightingale, Sister Dora and, personally, I would like to mention my own grand old lady, Miss Livingston of Montreal. These women combine dignity and innate nobility of character which constrained them to do their very best, trusting not in their own strength but in a Higher Power.

To work only for money is to commercialise our profession and to commercialise our profession is not only to degrade it, but also to cast a blot on the escutcheon of our hospitals and to lower our own standards of life, thereby inflicting a lasting injury on our own characters.

To dignify our work we must do fully that for which we are paid, the technical part, and then add "plus" to it, that is to say, we must do all we are paid to do, then we must add the thoughtfulness, the tender care, the understanding sympathy, the ungrudging self-sacrifice, these are the "plus" that ennoble our work and ourselves and these we owe to God for the women of the nursing profession occupy a conspicuous and an unique place before the world.—From a paper on Ethics by Elisabeth Wilson, R.N.

The Private Duty Nurse[1]

"To be or not to be—"

By One of Them

THROUGH the early years of nursing and from its inception as a career or profession for women, bedside care of the sick has been the general interpretation of the word "nurse," and the private duty nurse during this time has represented the nursing profession in toto. Those who were not engaged definitely in bedside nursing were those who conducted schools for nursing and their reason for existence was to create the private duty nurse, and one could therefore say that the nursing profession *was* the private duty nurse! Until within these last few years as the many ramifications of our nursing service developed, producing an assortment of nurses and services, the private duty nurse was the being referred to when the nurse was glorified as possessed of all the virtues of the sainted Sister of Charity—with her complete self-abnegation—humble, submissive, devoted wholly to the sick, with never a thought for herself or her own interest—"beautiful, heroic womanhood"; as well as when she was condemned because she was mercenary (if she demanded compensation so that she could continue to nurse), selfish (if she seemed to concern herself with her own interests), lacking in devotion to her sick (if she failed to respond readily with warmth and tenderness to every personality); in a word, on the head of the private duty nurse was placed the halo or was heaped the condemnation of the profession.

So recently the alpha and omega of nursing, and now it is being said by hourly-nursing, group-nursing and subsidiary-nursing enthusiasts that the private duty nurse is fast becoming obsolete—that when the full nursing program is presented her place will be of minor consequence! She may, in fact, consider herself the "vanishing element" in the modern nursing plan—that in the process of evolution she will be a "sloughed-off appendage," a supernumerary, an excess in the onward march to the ultimate goal—the health adviser. Verily a "consummation devoutly to be wished"—the condition where there will no more be long periods of illness where constant attendance of the sick night and day will be necessary! But this golden age has not made its appearance and we can only see that the private duty nurse is and needs must be for some time to come, and her peculiar position, her special difficulties, her part in this program in which she is the "vanishing element" might profitably be discussed. She has no special grievance. She is not distressed with regard to the future, but it is well that her case be heard. She represents, after all, "quantity" if not "quality" in the great nursing profession. In our Detroit District, where the present membership numbers 1,765, 1,200 are private duty nurses. Probably the same ratio of private duty nurses to membership as a whole exists throughout the State. Then it goes without saying that the conditions, good and evil, of this 50 per cent to 75 per cent of the whole needs to have the earnest and sympathetic consideration of our entire organization if the glorious vision we hold is going to be realized.

We hear that the private duty

[1] Read at a meeting of the Michigan State Nurses' Association, June, 1926.

nurse is "backward," "non-progressive," "lacking in public-spirit," "sees only her own needs," that this group "develops no leaders," etc. The most ardent admirer of the private duty nurse must admit that this is true, that she is and has long been burdened with all these sins, but the honest partisan will admit, at the same time, that it is unnecessary that she should continue to be so shackled and that it is not all her own fault that these unflattering attributes are heaped upon her. If these charges were viewed in the light of sympathetic understanding, the unhappy conditions which have established this mold she is pressed into as soon as she graduates might to a degree excuse her. No doubt we are telling you what you already are aware of, but the repetition is necessary so that the object we have in mind may be stressed, which is to solicit a keener sympathy on the part of nurses generally in our problems and to have the position of the private duty nurse changed from a millstone about the neck of the Association into that of an active participant in its activities. We would remind you that the problems the private duty nurses feel keenly are not exclusively their problems, for the nursing world moves along or not as these adjustments are satisfactorily or unsatisfactorily taken care of.

You see the private duty nurses as the large unwieldy group of our organizations, the group which has recently become such a load on the conscience of our profession, because she is such as she is. As stated above, she is this peculiarly difficult person because of very definite conditions. The private duty nurses are in no sense organized as the public health nurses or the hospital executives are, but has there been any very great concern on the part of the National Organization to bring about a closer association of the private duty nurses for their own pleasure and profit and in order to be able to deal with them as part of an organized group? Haven't they rather been discouraged in organizing? When the public health nurses have problems to adjust, peculiarly theirs, they meet and adjust them and so do the nurse educators, but the private duty nurse must wait the approval of all other nurses, physicians, and the public, before any definite needs she may express can be realized. She finds many handicaps when she wishes to participate in organization work. Her very irregular working hours, uncertainty of her time and, because she is called upon to make a very definite sacrifice when she does try to contribute to the organization work (unlike nurses more regularly employed and regularly paid), are the most obvious ones. Every moment she gives of her time is a real financial loss to her. She can never plan beforehand to attend nursing meetings without giving up her time exclusively to this. I would venture to remark that the only nurse attending this meeting whose income is interrupted while here is the private duty nurse. For this reason she is found to be "backward." She cannot follow her specialty consistently and also partake in promoting the activities of the nursing organization; denied this group contact, she is also denied the inspiration which would hold her more steadfast to the ideals on which she has been brought up. A private duty nurse must take her name off call on the registry if she wishes to make sure that she is going to be able to attend a committee meeting of that day. This one meeting may mean a contribution of $7.00 or more which she can hardly afford. These two reasons; namely, lack of assistance on the part of the nursing

organisations to help her to become organised and the discouraging conditions in connection with her particular kind of work, stand definitely in the way of her activity and interest in organisation work and so classify her as a "non-progressive," "wanting in public spirit," and as one who must be under the guardianship of the nursing organization when her problems are exposed.

These same reasons tell us why the private duty nurses do not develop leaders, for there are surely some potential leaders in this large group. It isn't likely that the nurse is in this group because she is entirely lacking in qualities that make for leadership. For these same reasons, she becomes "individualistic."

At our District meeting recently we heard reviewed a report of the Committee on Nursing of the A. M. A. This report stated:

> Physicians complain that nurses are unwilling to serve every sort of patient, will not go to obstetrics, or contagion, or male patients, or babies, or night duty, or twenty-four hour duty, or suburban patients, or prepare and serve patients' food, or keep the patient's room cleaned, or perform other comforting domestic service.

The registrars in our Detroit Registry reiterate all these criticisms. At Christmastime the hospitals complain that nurses go away for their holidays leaving an insufficient number "on call" to answer their needs. Will anyone volunteer a method whereby such conditions can be adjusted? also how to convince the private duty nurse that she is not privileged to nurse the diseases she is best prepared to nurse and prefers to nurse and refuse others, and that she may not take as much time off as she can afford? It is her loss! Or how to arouse that feeling of "group consciousness" which should make her wish to adjust her whole life to the community's need, and this to a much greater degree than would be required of nurses in any other line? She finds her work very exhausting, her hours long, loss of social opportunity, enforced idleness which cannot be planned for, the hours tied to her telephone awaiting calls (as much as two weeks at a time) very trying. She finds this life, at best, demanding such self-denial that unless she may have some independence it becomes too much like slavery. This report also recites the patients' complaints:

> The patient who desires a private nurse in a private room, in a hospital complains of being unable to afford these maximum costs. A college professor recently reported his bill for private nurses in one of our large hospitals at $17.00 a day—$4.00 a day more than his income. The patient in the ward complains that he must go there with ten, twenty or forty others, in order to be able to pay his way. The hospital cannot keep him through his convalescence and he returns to his home still needing nursing care that he cannot buy at a low enough price to be covered by the family budget.

The private duty nurse can hardly be expected to carry the responsibility for providing economical service to those unable to pay the regular fee though she is very sympathetic with statements such as the above.

Seven dollars for 12-hour service is agreed to be none too much; even then, if she must put in 12 hours to earn $7.00, it is paying for time rather than skill at the rate of little more than fifty cents an hour. If she earns her $7.00, as a skilled technically trained professional nurse, we think she earns it in even less time, and an eight-hour day is looked upon as the minimum of hours for continuous efficient service in other work; and if she is an inadequately educated nurse, or naturally inefficient, she does not earn it as a skilled nurse in twice that time. The highly skilled technical nurse, as educated in the three-year course of

our first-class schools today will be sought for, only for the seriously ill patient, and for this skilled care should she not be remunerated for professional services rendered, not for the time spent with the patient? To provide services to meet other conditions must remain the responsibility of those who are dispensing nursing services; and when nursing can be obtained by a patient according to his needs, may not the eight-hour day be allowed the skilled private duty nurse? It is understood that with the development of these many different services the so-called private duty nurses are a selected and a much smaller proportion of the nursing group than at present.

That the nurse doing private duty nursing exclusively is wanting in a very special interest in other branches of nursing is also rather natural. Her specialty, *per se*, does not correlate with other group workers, such as the executives and educators and the public health nurses, in the same way that these specialists need to coöperate with each other.

That there is an inclination to take the private duty nurse as a matter of course, as one who needs no special consideration unless she begins to be troublesome, is also apparent and unfortunate.

May we be so bold as to state that even when the demands we make are acknowledged by our fellow members to be just and reasonable, we must be rather aggressive in securing their coöperation. We feel that they should stand ready and should stand right back of us in educating the public to an understanding of the situation in order that our position may be maintained with dignity. This lack of sympathy from other groups of our profession is, maybe, our own fault and this working at cross purposes of our own making, but we would ask you to bear in mind the extenuating circumstances already mentioned which must modify your judgment of the private duty nurse; and when her demise is contemplated, let it be with dignity and honor that she retires from the field.

We are, after all, private duty nurses because we are prepared in our schools for such service. We were prepared for the sole purpose of nursing the sick. We were taught disease, causes and cure. We were drilled in nursing technic, in all methods of procedure to make the sick well, as speedily as is humanly possible; we were sent into the community by the hundreds each year to nurse the sick, and those who are responsible for our existence must justify this statement they make that in a short time the private duty nurse will be obsolete. There is a tendency, we are told, in the schools today, to introduce a disease-prevention aspect in the curriculum of study and not stress so much the sick nursing phase, but from our observation of the recent graduate, this has not yet taken root and they still flock into our registry to offer themselves for sick nursing with no apparently great concern to be health missionaries; therefore, being convinced, ourselves, that the private duty nurse must be part of our community work for some time to come and witnessing the superintendents preparing a large number every year for this field, we are glad to have this opportunity of publicly voicing our sentiments within our own family group.

If you want the most conspicuous fault corrected with which the private duty nurse is libeled, the training school principal must consider the candidates she selects to educate as nurses more carefully, for we can

hardly be held responsible for the kind of nurses who come into the field of private duty. It is the kind of woman she is, rather than the kind of nursing she does, which brings embarrassment upon us. To further emphasize the point that we must all share the responsibility, we would like to quote from a recent report of one of the progressive schools in the country where the so-called "case study method" has been perfected. This educator states:

> Much has been said in recent years about a decline in the spirit of nursing. This has been attributed to the increased personal interest in the student and in her education; in other words, in the getting rather than in the giving. I would rather attribute it to a faulty method of teaching and learning, a method that has not made the patient the center of things, the pivot on which the whole organization swings. . . .
>
> We might not agree on one system, but we should all agree that if we or members of our families were ill, the last thing in the world we should desire would be a routinised, machinised, mechanical nurse who was proficient in procedures but utterly deficient in an understanding of the human being. When the question is a personal one, it is true that an important consideration is efficiency, but it must be combined with human understanding, resourcefulness and an ability to think intelligently.

It was very evident to the members of the Registry of the Detroit District this last winter that there are some very puzzling questions to be answered before conditions can be corrected. It would seem that a city like Detroit, with a population of one and one-half million, supporting 3,000 doctors, would keep 1,200 private duty nurses reasonably busy.[1]

The nurses, even those who were definitely established with a large clientele and well known, did not have enough nursing to do to occupy them more than half the time. Answering the "why" of this situation, one cannot say that it was because there was so little illness, nor because the private duty nurse's fee was so high, nor because there were more nurses on the Registry than formerly. We were told at our Registry that the only way to answer the question of why such a plethora of nurses persisted for most of the year would be to make an analysis of the conditions to the last detail and then draw conclusions.

Miss Nutting suggests, in an article on "Taking Stock of Ourselves"

> That alumnae associations might contribute to studies such as that of the Grading Committee by making a study of the lives and work of their own members which might bring out facts of professional, social and economic interests.

We would add that it might be well, before we pronounce condemnation on any system or any group of workers, to find out what the nursing needs of the community are and then fit our program and educational system to meet these needs—correcting the system instead of condemning the products of the system.

The fact remains that private duty nurses have been produced and are being produced in large numbers for community service, only to find that there is not enough demand for them and they cannot keep themselves as busy as they would like to be; at the same time one hears, "How shall we meet the nursing shortage?"

On the point of preponderance of private duty nurses in number of members, we take to ourselves no special glory for analyzing a membership such as this; one is a bit unhappy to discover that it means a more or less "inflated" condition; that is, it is not real as representing an active,

[1] One of the studies to be made by the Grading Committee is of the amount of nursing service actually used by physicians. In a population of 3,000 doctors there are doubtless a large number who never call a private duty nurse.—Ed.

working membership. It means that the 1,200 private duty nurse members in Detroit of the 1,765 members must belong to the District and pay their dues or they cannot nurse. The state law for registration seems to be mandatory as far as private duty nurses are concerned, but seems to be permissive with regard to nursing in other capacities.

We, private duty nurses, come under the supervision of nurses who hold their positions year by year without membership in local associations and not infrequently without their R.N. in our State, where R.N. is mandatory. This is not to complain—rather to challenge comparison. Every nurse who wants to do nursing should be called upon to support the Association, but if there is to be coercion this should not be imposed on one group only. (Coercion is an unhappy word to use but it really fits the case, doesn't it? And is it the fault of the Association or the nurse that there must be coercion to membership?) Such membership presumably represents only so many membership dues paid, and not necessarily further attention to the Association's activities, a condition worthy of your attention. If membership is to be obligatory, should not this obligation be borne by all nurses whom we admit into our community life? What can we do to make our members see in their membership a privilege rather than an obligation?

For fear this paper may become only lamentations of the unsatisfied and unsatisfactory private duty nurse, we are eager to state that we are always fully conscious of the great achievements in the progress of nursing reached only through the hard, persistent, courageous efforts of the leaders in our organizations to which achievements the private duty nurse has contributed little. This is deeply appreciated. We are probably creatures of circumstance and we have a real grievance, only when we find members of our own profession among our "plaintiffs."

Miss Nutting says, quoting again from "Taking Stock of Ourselves":

> The nurse is placed at the bar of public opinion with physicians, families and hospitals composing a formidable array of plaintiffs. . . . All the plaintiffs unite in picturing the nurse as "something of a profiteer who has lost the Florence Nightingale spirit of sacrifice and service." Her education has cost her time and some money, actually a substantial sum; . . . her actual income seldom leads to affluence. . . . As to the Florence Nightingale spirit, she admits that nurses are human, are not uninfluenced by the standards of living, dress, recreation, conduct and personal ideals of their environment. Yet she thinks that they are sincere in believing that in the mixture of motives by which they are actuated there is a steady current of sympathy and loyalty to a high purpose. If they lack something of the devotion of the religious orders, it is only fair to point out that society has not provided modern nurses with what these orders guarantee—support for active life, and an old age of peace and security.

Improvising in Private Duty

By Theodora Stearns, R.N.

PAPER towels covered by smooth paper may be put in the pillow slip, over the air cushion, to absorb moisture and prevent overheating the patient, as rubber is inclined to do.

Hot water bottles, partly filled with air, give relief from pressure on thin heels, elbows, etc. They may be used as substitutes for air cushions. They are also handy to take the place of ice caps, when filled with cold water.

To aid the patient in sitting up in bed, suitcase straps, fastened to the foot with loops at the other end, are convenient. They may also be used at the sides, to aid in turning over.

Rubber bands around thermometer cases are good "shock absorbers" to prevent breakage.

Use ice cream or other paper spoons for dipping up ointments and massage creams that are in jars.

Professional Literature

Finding What You Want When You Want It

By Ann Doyle, R.N.

THE invitation to "try it," which was contained in the article, "The *Journal*, the Index, and the Private Duty Nurse," has raised the question among private duty nurses and superintendents of small hospitals, not having libraries, for information as to how to begin; therefore, the editor of the *Journal* has had this article prepared with the hope that it may help solve the problem.

I. Materials

Procure a simple file box, index guides, and 3 x 5 filing cards.

1. The file box, represented in Fig. I, is made of heavy cardboard bound with black muslin. It has a metal rod running through it to which is attached a metal guide stay. This box is about 12 inches long and will hold 1,000 cards comfortably, exclusive of guides. It has a well fitting cover. The cost is sixty cents. An ordinary pasteboard box may be used as a file, but because of the value of the cards, it would seem more profitable to make the small expenditure for a box which will keep the cards safe, straight, and dust proof.

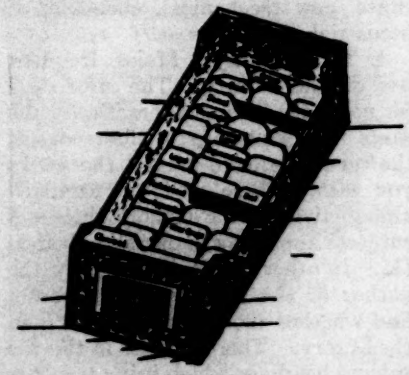


Figure I

2. The guide cards are of two varieties; namely, (1) those used to index the main classifications, and (2) those used to carry the sub-classifications. The former are spoken of as "three cut guides," and the latter as "five cut guides." Fig. II, illustrates how these guides are used. The guides cost about ten cents a dozen.

3. The 3 x 5 index cards, either plain or ruled, which will contain the material, can be bought for twelve or fifteen cents a hundred.

II. Organization of the File

1. Use the standard bibliographical form in making out the cards, *i.e.*, name of author, title, date, place of publication, and name of publisher (sometimes it is a help to note whether or not the book is illustrated).

2. When carding articles which have appeared in periodical form, be sure to include, besides the name, title, etc., volume number, date of issue, and page number.

3. In organising your file it is well to decide on a few, specific, large headings and to subdivide these rather than to use the straight alphabetical form of indexing. One of our readers uses the following classification and we pass it on, in part, as a suggestion because we think it fairly adequate for the purpose:

Clinical:
- New organisms, discovery of.
- New methods of treatment.
- New apparatus.
- Technics, perfecting.
- New records—special.
- New records—general.

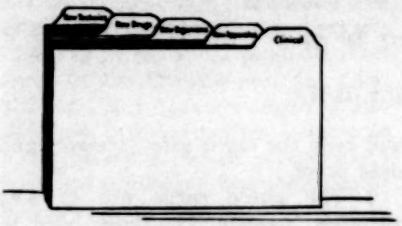


FIGURE II

Professional literature. (See Fig. II.)
Professional:
(1) Relation of medical discovery to nursing technic—patient.
New methods of practical nursing.
New methods of educational nursing.
Medical and nursing jurisprudence.
(2) Economic aspects of nursing—nurse.
Group practice.
Registries.
Specialties.
Legislation.
Education for nurses.
Organizations.
Social:
(a) General social and economic problems which affect nursing.
(b) Cultural development. (Under this heading should be included those articles, etc., which would enable the nurse to enlarge her field of general information.)
Historical:
(This is an excellent heading because it serves to stimulate interest in the evolution and development of nursing.)

Once you decide upon classifications, file your cards, under each subhead, in alphabetical order, using either author or subject or both.

III. METHOD OF OBTAINING MATERIAL FOR THE FILE

1. The American Journal of Nursing. Make cards, or memoranda, for all articles which you think will be of interest to you, as soon as you read the article.

2. The Library Index. You will note that the index is printed in such manner as to permit its being cut up and pasted on cards. Consult your reading memoranda and make cards

Education

Florian, Sister M.
Correlation of classroom and bedside teaching. American journal of nursing, 27: 473-74, June 1927.
Read at a meeting of the Indiana League of nursing education, Gary, Indiana, March 1927.

History

Greenhalgh, F. D., M.D.
The mental nurse. Australasian nurses' journal, 25: 103-10, April 15, 1927.
"The evolution of the lunatic keeper into the mental nurse." Reprinted from the South African nursing record.

FIGURE III

from the Index. (See Fig. III.) (Save the scraps, place them in envelopes, date the envelopes, and put them away for future reference.)

3. The Daily Paper and Current (lay) Magazines. Make note of any article which comes to your attention and which you think may have bearing upon your work or upon nursing in general; *e.g.*, economic trends, political shifts, new mechanical, chemical, or industrial discoveries.

4. The Library. Make frequent use of the library. The procedure for using the library is practically the same for all places, *i.e.*, first consult the card catalogue to find the books you wish. These cards are arranged alphabetically—the authors, titles and subjects appearing in one alphabetical file. In other words, if you know the author or the title, you will readily find whether the book you wish is in the library. There are also in this file subject headings which bring together all of the library's material on any one particular subject; *e.g.*, under the subject heading of *Nurses and Nursing* will be found a notation of all the material which pertains to this subject, such as, *history of nursing, education, training schools, medical, surgical, public health*, and so on. Or there will appear notations regarding cross-references to nursing as it relates to other subjects.

Second, make out a call slip. These slips contain space for author's name, title of book, pamphlet or periodical, signature of the borrower, and call number or press number as it is sometimes called. This number is taken from the card in the catalogue; it is usually found in the upper left hand corner and represents the classification of the book.

Third, take your slips to the desk and the librarian will see that you get your books.

Besides the card catalogue, the library usually has a number of source books and other reference material, such as clippings, newspapers, pamphlets, and so forth. Access to these may be had by consulting the reference librarian. Among the many references note these:

For the whole circle of knowledge (encyclopedias):

Encyclopedia Britannica. Long articles by authorities. From the British point of view.
New International Encyclopedia. Briefer articles. The best American.
Lincoln Library of Essential Information. Useful one-volume encyclopedia.
Everyman Encyclopedia. A small, handy-volume work, useful for hasty reference.
Special encyclopedias for musical matters, and others restricted to Catholic, Jewish, Religious, and Ethical subjects.

For information about persons:

Who's Who in America, for facts about living persons.
Who's Who (British and others). Similar works for other countries.
Cyclopedia of American Biography.
National Cyclopedia of American Biography.
Dictionary of National Biography—British subjects.
Century Cyclopedia of Names.

For information about places:

Lippincott's New Gasetteer of the World.
Rand McNally's Atlas.
Times Atlas and Gasetteer of the World.

For miscellaneous facts, dates, and quotations:

The World Almanac.
The Statesman's Yearbook.
Bartlett's Familiar Quotations.
Concordances to the Bible, Shakespeare, Wordsworth, and other authors.

For references to books and periodicals:

Poole's Index to Periodical Literature. (Indexing Periodical Literature 1802–1906.)
Reader's Guide to Periodical Literature. (1905–date.)
Book Review Digest.
Cumulative Book Index.
The Index Medicus. (1879–1926.)
Quarterly Cumulative Index. (1916–1926.)
Quarterly Cumulative Index Medicus. (1927–date.)
Select bibliographies on a great variety of subjects.

Do not hesitate to ask the librarian to help you. Keep your files up to date. Do not lend your cards to others unless you are sure that they are as careful as you yourself are. Consult the *Journal* about opportunities for obtaining materials through package library services.

Out of the Mail Bag

"I certainly do enjoy the *Journal*, as I have not been able to do any work professionally outside my home owing to my own health and the family. The nurses' *Journal* is my only means of keeping in touch with the work which is so dear to me and I could not get along without it."

Ohio. A. F. G.

"In renewing my subscription I feel I must say a word to you sister nurses who give your time, energy and thought to the success of the *Journal*. To me, it has improved so much within the past two years. My work keeps me away from the new methods of treatments and other improvements, so I look forward to the *Journal*, hoping each month it will be the bearer of something new."

District of Columbia. G. M.

Treatment of Leg Ulcers

By Emily Bondeson, R.N.

THE treatment of thrombosing the veins and applying Unna's Zinc Gelatine has been used at City Hospital, New York City, since March, 1925, under the direction of Dr. A. Benson Cannon, visiting dermatologist.

The technic of the treatment is:

The leg is thoroughly cleansed with a medium stiff brush, hot water and soap, and is sponged with 50 per cent solution of alcohol. A tourniquet is applied above the knee, the area of the point of injection is sterilized with iodine, the needle inserted into the vein, the tourniquet removed, and the blood stripped from the vein. With a large hypodermic needle, about 0.5 to 2 c.c. of sodium salicylate solution is injected into the lumen of the vein with the point of the needle. As the needle is withdrawn, firm pressure is exerted by means of sterile gauze over the site of the injection for one or two minutes, in order to prevent escape of the injected fluid into the general circulation. If there is excessive granulation at the edges of the ulcer, this is curetted or trimmed, ethyl chloride being used as a local anesthetic.

The ulcer is then painted with 3 per cent solution iodine, a sterile gauze dressing is applied, and it is bandaged with 2-inch gauze soaked in a warm solution of the gelatin glue. As the leg is being bandaged, it is painted with the glue, using a 2-inch paint brush.

The cast is changed every week and injections are made about once a week, from one to seven injections being used. In some cases the casts alone are used, without the thrombosing of the veins.

The casts give the needed support and the patients find them comfortable. When the casts are removed and inflammation is present, a wet dressing of boric acid is applied for two or three days before the next cast is applied.

We have used this treatment in eighty-two cases; thirty-four have been discharged cured.

The patients are not kept in bed but rather are encouraged to be up and about, many being able to work.

This treatment is used only when a negative Wassermann is found.

Formula for Sodium Salicylate Injection:

Sodium salicylate	1.8 gm.
Procaine hydrochloride	0.05 c.c.
Distilled water q. s.	6.00 c.c.

The composition of Unna's Zinc Gelatine cast:

Zinc oxide	1,000 gm.
Gelatin	600 gm.
Glycerin	1,400 c.c.
Distilled water	2,200 c.c.

Our skin service, especially of leg ulcers, is a very large one and the gelatin cast treatment is very beneficial.

Typhoid and Water Supply

IN the old days of rural New England, typhoid was generally known as "fall fever." In most communities this disease still shows a maximum between August and October, because prevalence of flies, exposure to unsanitary conditions on vacation and increased consumption of uncooked foods and drinks all tend to favor its spread by direct contact at this season. Where public water supplies are not properly protected, however, we find a more widespread and devastating prevalence of "winter typhoid"; for it is the heavy rains and melting snows of November and December or March and April which are apt to wash infective material into a reservoir.

This is what happened at Plymouth, Pa., in April, 1885, when the discharges from a single patient sowed the seed for 1,100 cases of typhoid in a total population of only 8,000 persons!—*C. E. A. Winslow.*

The Generosity of Nurses

By May Ayres Burgess, Ph.D.

PRIVATE duty nurses are generous with time and money. All of us have known that from personal experience, but now the Committee on the Grading of Nursing Schools comes forward with concrete figures. The many hundreds of private duty nurses who, last August, received "another questionnaire" and instead of letting it lie unanswered promptly filled it out and sent it back again, will feel a thrill of personal responsibility for the two diagrams presented herewith.

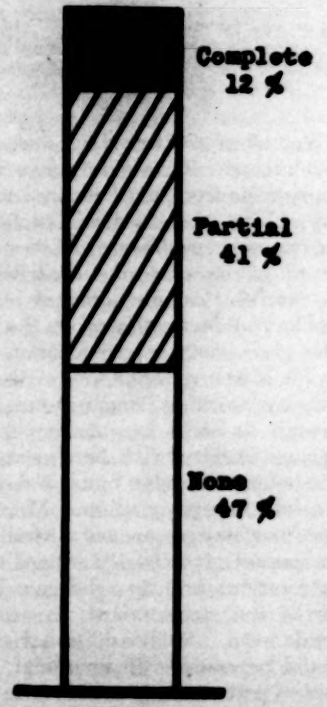


Figure I

Do you give partial or complete financial support to any one other than yourself? Of every 100 private duty nurses, 47 do not support any one else, 41 give partial support, and 12 are carrying the complete financial burden of one or more people.

The column diagram shows that more than half of the private duty nurses from whom answers were received are helping support some one other than themselves, and twelve out of every hundred have one or more people completely dependent upon them.

The bar diagram shows that 27 per cent of all the nurses are helping support one person, 16 per cent two people, and so on down to the occasional nurse who contributes to the support of seven or eight. The old belief that because a nurse is a woman she has no family dependent on her, could not flourish in the light of these figures! The dependents are so numerous, in fact, that if, instead of the present situation where some nurses support three or four, and others do not contribute at all, we could by some coöperative arrangement distribute the total number of dependents evenly among all the nurses, it would then be true that "every private duty nurse helps support some one else!" It would be nearly a one-to-one relationship.

Another question in the August study had to do with "free days." The report from the Grading Committee reads: "More than six out of every ten private duty nurses gave one or more days of free nursing care during the six months ending last August. Some of them gave so generously of their time that, if the record for the whole year is like that for the six months studied, we may fairly say: *'The typical private duty nurse gave a month out of her year to charity; or almost $200 worth of free nursing care.'*"

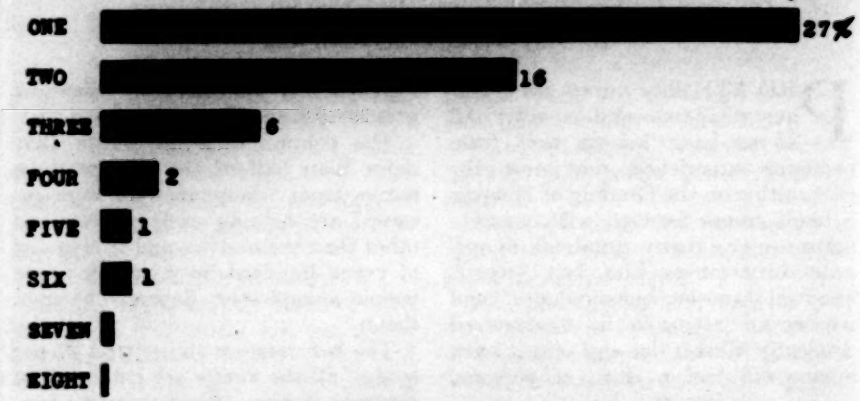


FIGURE II

How many people are wholly or partly dependent on you for financial support? Over one-fourth (27 per cent) of the private duty nurses are helping one person, 16 per cent are helping two people, and so on to the occasional nurse who helps support seven or eight people out of her private duty earnings.

Some private duty nurse will answer, "I didn't give that time to charity, I gave it to my mother, or my brother-in-law, or the neighbor across the street." So far as the nurse's annual income is concerned, nursing service, however generously given, is charity service if it is not paid for. Relatives who would not dream of asking the school teacher daughter to leave her classes, or the stenographer daughter to stay at home from the office, call without hesitation upon the private duty nurse, not for one day but for weeks and sometimes months, of high grade professional service without pay. A public health nurse who was recently asked why she had left private duty, confessed: "I had to, in order to get away from my relatives. I love them, but I simply can't afford to take care of all of them in their numerous illnesses, free of charge. Now that I belong to a regular office, they don't dream of suggesting such a thing!"

Not all of the free days were given to relatives. Private duty nurses take many calls from patients too poor to pay. Like the medical profession, the nursing profession may well be proud of its generous contributions to charity through personal service. Unlike the doctor, however, the nurse who gives such service cannot make up for it in any other way. She cannot, by working longer hours, earn enough to offset her charity service, because charity with her, means not one hour but twelve hours a day. It is a full-time proposition. Moreover, since her charges are on a fixed scale, she cannot give charity service to the poor patient, and then charge a double fee to the rich patient, in order to break even. Such additional charge would be considered unethical. The typical private duty nurse—who earns $1,400 a year, and still manages to give $200 worth of free nursing service—is one of whom the profession may well be proud.

Recreation in Army Posts

By Major Julia C. Stimson, R.N.

FOX-HUNTING in the early dawn might not appeal to all nurses, but there are some who find it thrilling. Fort Sill, Oklahoma, is one of the most isolated Army posts in the United States, and the outward appearance of the hospital and the nurses' quarters might make the casual observer think that life in such a place would be very drab, but the enthusiasm with which the chief nurse told of the early morning hunts over the barren plains and colorful hills of the surrounding country, immediately dispelled this idea. Alive, alert and full of outdoors, the nurses here who spend much of their free time with horses and dogs take to their nursing work an enthusiasm and a freshness that can be obtained in few other ways. The medical men and their wives and the nurses at this station have learned that drabness and loneliness can be defeated by throwing themselves into the activities that the place affords, and so when an inspection of the hospital and quarters is over, the first suggestion is: "And now wouldn't you like to see the corral and the kennels?" The personal possession of a beautiful horse, part interest in a pack of hounds, and the ownership of a faithful Airedale companion cannot well be balanced against city life and its opportunities. For "indoor sport" there are bridge parties and teas, and always the radio makes connection with the busy world.

In other small stations, such as Fort Leavenworth and Fort Riley, there are riding classes in the big riding halls of the post where nurses may join the women's classes and receive expert instruction in horsemanship. At Fort Leavenworth, one of the nurses owns a horse which she exhibits with pride at every local show, for it is a prize jumper. Whenever hospitals are near Cavalry posts, nurses may obtain riding horses for their own use either without cost or for a very small weekly fee to the man who delivers or calls for them. At El Paso, nurses and doctors get great amusement by driving across the border to Juarez and going to horse races. Very fine races are run on this track and complimentary tickets from the management are sent to the hospital staff.

Another form of relaxation that is very popular with Army nurses is automobile riding and the problem of garage room for the cars of nurses is now a very real one in many stations. Automobile picnics at El Paso, where the William Beaumont General Hospital is, have become a favorite form of diversion. Late afternoons, when the colors on the desert and the distant mountain ranges are as only the southwest can paint them, a group of nurses go off in several cars, taking with them, through the kind arrangement of the commanding officer, a soldier who is glad to be detailed as escort and trouble-man, for the "eats" he will get will be far better than those in his regular mess. The suppers are always prepared in the nurses' mess and the fried chicken, biscuits and hot coffee that come out of the hampers, after a forty or fifty mile spin on straight hard roads, taste better than nectar and ambrosia eaten in the familiar surroundings of the nurses' dining hall.

But even near large cities, picnics under trees by cool streams can be enjoyed. It is an interesting sight to see more than a hundred nurses and students set out from the Walter Reed Hospital in nurses' cars

and hospital trucks headed for Rock Creek Park, prepared to serve the regular meal that would have been served in the nurses' mess hall. Trucks make it easy to transport ice-cream freezers, dishes, boxes and coffee urns. The relaxation on the grass, after a hot day, brings this whole group back to quarters tired and sleepy, but well fed and full of the healing of green sights and rustling, whispering sounds. Cars bought on the installment plan, if need be, are life-savers for nurses.

Then there is swimming. Never were there such devotees to swimming as there are in the Nurse Corps, and few are the posts where swimming is not possible. At Fort Sheridan, nurses can undress in their own rooms in their pleasant house under the trees by the shore of Lake Michigan, go out the back door, and slip into the water after a walk of only a few hundred feet across the grass and the narrow beach. After a hard game of tennis and a dip, in "hours off," the nurses here are ready for the most trying cases. Here, too, canoeing on the lake is possible, and once in a while a whole day off for a trip to Chicago for the theater, opera or shopping. Nurses at Fort Leavenworth, Fort Sam Houston, and Jefferson Barracks, have pools available; and at Hot Springs, Arkansas, where the Army and Navy General Hospital is located, they have swimming supper parties. The chief nurse there reports inviting thirty or forty people to a swimming party in the pool on the hospital grounds and afterwards giving them supper in the nurses' quarters. Here, too, the nurses get great pleasure from golf. The Hot Springs Country Club gives them membership in the club and the few minutes' drive to the grounds is part of the joy of a round of golf. This game is possible also at most Army posts. But the place where swimming is perfection, we are told, is in Honolulu. Most of the nurses at the Army hospital here belong to the "Outrigger Club" and have the full privilege of all the joys that those two magic words imply.

Clubs of various sorts offer many opportunities for enjoyment. At Camp Lewis, seventeen miles from Tacoma, Washington, there is a very active Woman's Club and the nurses who belong to it meet there all the women of the post and join with them in bridge, singing groups, classes, lectures, etc. The chief nurse at William Beaumont Hospital is a member of the fine Women's Club of El Paso, and finds rest and relaxation in the outside contacts she makes there.

Music in many forms comes generously to Army nurses. At the Walter Reed General Hospital in Washington, D. C., the finest bands in the United States play two or three times a week in the summer in the sunken garden, a paradise of roses in rosetime. And here also, as in many other Army hospitals, a separate radio attachment for every nurse brings music to her room which she may enjoy as she rests. If she cares to step over to the hospital recreation hut, as on all Army posts, she may see movie shows of the highest type—either free or for a nominal fee—and every night in the week hear talent from near-by cities in all forms of entertainment.

For the more serious-minded and the ones who like to study, courses along almost any line are available and many get their enjoyment this way. But the acme of recreation was expressed by an Army nurse who casually stated a few weeks ago when asked if she were enjoying her work in a big city, where she is on duty at a

big Army General Dispensary and works daily from 8.30 to 4.30:

I have never enjoyed anything so much as I am enjoying my life here, for you see I like the work and the people I work with. Then two nights a week I attend classes in English at the University and three other nights I give my services in the Woman's Medical Clinic of the Evening Dispensary (civilian, not Army). I work from 6 to 9 as a regular member of the staff of this clinic and I am very much interested in the work and am learning a great deal, and it is such a happiness to be able to help in a way that seems to be so much appreciated.

If recreation is refreshment of the strength and spirits after toil, as the dictionaries say, this nurse is as truly recreating as are the others who play bridge and golf and swim, though her strength may not be able to keep pace with her spirits, but after all it is the spirit that counts.

Our Contributors

It was through the coöperation of the American Heart Association that we secured Dr. Samuel A. Levine's promise to write this month's leading article for the *Journal*. Dr. Levine is the distinguished cardiologist of the Peter Bent Brigham Hospital, Boston, Mass.

As he is Spiritual Director of the International Catholic Guild and Editor of *Hospital Progress*, Rev. E. F. Garesché, S.J., is widely known among nurses. A textbook on Ethics for Nurses from his pen will very shortly come off the press.

Although S. Leslie Bell, R.N., is a comparatively recent graduate (Presbyterian, New York, 1923) she has had many interesting experiences including service at one of the Outpost Hospitals she so graphically describes.

The excellent system for checking narcotics would not be possible if the druggist were not thoroughly interested, says Evelyn Mercer, R.N., who is Medical Supervisor at the Cincinnati General Hospital.

Jennie MacMaster, R.N., is a graduate of St. Joseph's Infirmary, Houston, Texas, and has seen service in private duty and in public health nursing. An extension course in English has given her "an added interest in life."

Marthe Thévoz, R.N., studied nursing in Switzerland and then came to this country. She graduated from the Kahler School of Nursing, Rochester, Minnesota. Her future seems fairly indicated in "Schools of Nursing in Switzerland."

"The Private Duty Nurse" represents the thought of a very considerable group of nurses in Detroit, Michigan.

In "Professional Literature," Ann Doyle, R.N., follows up her September article "The *Journal*, the Index and the Private Duty Nurse."

Emily Bendeson, R.N., is a supervisor in the City Hospital School of Nursing, New York City.

We suspect that even the private duty nurses' themselves, will be a bit astonished at the magnitude of the facts Dr. Burgess, of the Grading Committee, reveals this month. We constantly marvel that all the nurses who receive questionnaires from the Grading Committee do not answer them.

Data for "Recreation in Army Posts" were gathered by Major Julia Stimson, R.N., on an inspection tour last spring.

We are told that Miss Clayton's paper on Standardization was one of the most valuable ones presented at the Interim Conference of the International Council of Nurses in July.

Isabel M. Stewart, M.A., R.N., as we have stated many times, is Miss Nutting's brilliant successor as Professor of Nursing at Teachers College, New York City.

Shirley C. Titus, B.S., R.N., is Director of Nursing at the University of Michigan Hospital, Ann Arbor, Michigan.

Care of Infusion Sets

As Practiced at the Miami Valley Hospital, Dayton, Ohio

By Alverna Shaffer, R N.

INFUSIONS are used to supply the body with fluid. They are classed as follows: hypodermoclysis, intravenous and transfusion.

The hypodermoclysis set consists of a graduated glass or agate reservoir, which holds 250 or 500 c.c., black soft rubber tubing, 3 feet long, which is attached to the container, a glass Y tube, connecting the large rubber tubing and two pieces of 12-inch long rubber tubing of a smaller diameter to which the needles are attached.

This is sterilised by boiling in distilled water for five minutes. The rubber tubing is coiled twice around the container to prevent kinking and thus obstructing the flow of the solution. Two sterile towels are placed between the container and glass Y tube. These are used to cover the reservoir and wrap around the small tubing and needles. The nurse prepares her hands by scrubbing for five minutes, then using alcohol 50 per cent, or by wearing rubber gloves. The set is wrapped in two sterile towels and is pinned with a sterile safety pin.

Two hypodermoclysis needles with stylets are placed in a glass test tube, the points resting on cotton; this prevents them from moving about and blunting the points. The open end is covered with cotton and gauze bandage and sterilised in the autoclave for five minutes.

The following is used for a transfusion set: a 250 or 500 c.c. glass cylinder; glass stirring rod; 2 oz. glass graduate for sodium citrate; 500 c.c. glass graduate and rubber tubing with adapters. These are autoclaved for ten minutes.

The tubing used for transfusions is a soft, black tubing, soaked in sodium hydroxide 1:1000 (1 gram to 1000 c.c. water) for six hours, then rinsed thoroughly, dried, and made into 18-inch lengths, with a glass connecting tube, so as to see that no bubbles of air are in the tube. Another piece of tubing, 9 inches long, with metal adapter to which a needle is attached is used for drawing blood from the donor. (Metal adapters are preferred to the glass adapter, because it is much easier to direct the needle into the vein.) My authority on this is a surgeon who has given over a thousand transfusions, and his preference is a metal adapter with a Luer slip needle.

The needles are Luer slip, assorted sizes, and are placed in a glass receptacle, with a small piece of gauze in the bottom of the glass for the needle to rest upon, covered with albolene and autoclaved. The albolene prevents the needles from rusting and clogging.

The same articles are used for intravenous. They are cleansed with soap and water and, if mercurochrome or glucose has been given, very hot water is used to clean the tubing; if gentian violet, clean with sodium bicarb. solution, 4 per cent (1 dram to 150 c.c. water).

If the hypodermic needle, after using, is laid aside to be cleaned and dried later, it will be found to be clogged. The needles that are known to be infected with disease-producing organisms should be soaked in 1 per cent lysol and then boiled for five minutes. A point necessary to remember is that needles and syringes should be washed by drawing clean water through them or, if an oily preparation has been used, using benzene or gasoline for cleaning. Some one of the alcoholic solutions should likewise be drawn through to completely displace the cleansing fluid previously used by the non-corrosive antiseptic. Dry thoroughly and place stylet in the needle.

New Jersey and How

By Elise Van Ness

"CAN a girl with a glass eye be accepted by a training school?" This was a question that a Newark newspaperman asked Arabella Creech, Executive Secretary of the New Jersey State Nurses' Association, the other day, and it is a sample of the sort of query she receives at almost any time during the day at the State Headquarters in Newark. Just how Miss Creech answered this question is a mystery, but she satisfied the questioner which was the important thing.

The New Jersey nursing forces are centralized in two attractive offices with tasteful furnishings which include draperies of old blue. Since the Headquarters was established, in August, 1925, the work of the office has reached to farther corners in the state than even its most enthusiastic supporters could foresee.

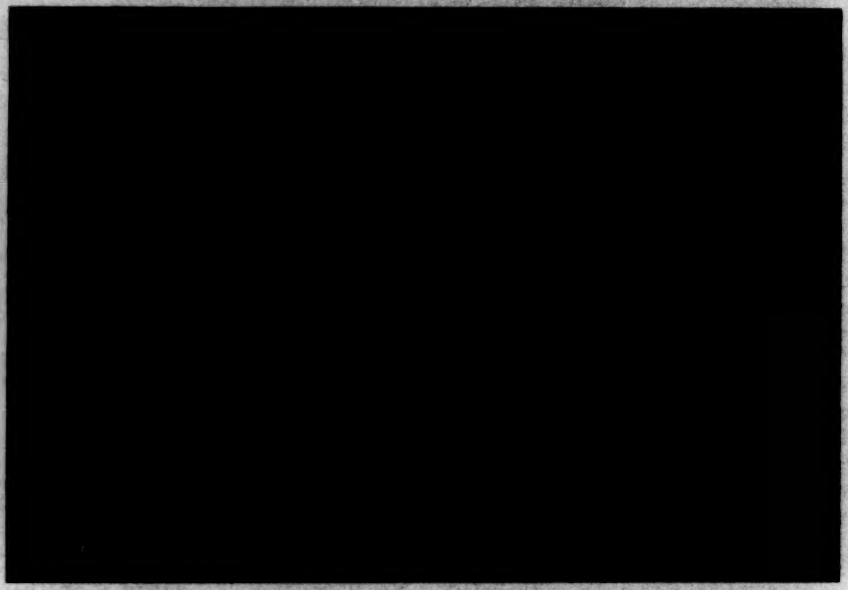
New Jersey nurses can accomplish anything, Miss Creech says, and points to the Orange Memorial Hospital Alumnae Association to prove her point. When the hospital had a drive to build a new hospital, the Alumnae Association voted to raise $16,000 to build a room for nurses where members of the nursing profession may receive free care. The plan was to endow the room with $10,000, to furnish it, and to provide its upkeep. Without any aid from outside sources, the nurses in this organization pledged $16,000 the lowest pledge amounting to $15.00 and the highest to $150.00. A state which contains nurses like these may astonish the whole country with what it does for the Grading Program, the Executive Secretary implied. At one organization meeting already held, strong support of the five-year program was voted, and the pledge of the association will follow soon.

Placement service, while not one of the most widely advertised activities of the association, is developing slowly but surely at Headquarters. Nurses from western states have been placed in hospital positions. Recently two institutions secured an instructor and a supervisor through Headquarters, and the superintendents are getting accustomed to telephoning Headquarters when they need help.

The whole state is proud of the excellent Central Registry which has been established at Jersey City with members of Christ Hospital and Jersey City Alumnae Associations and resident individual members of District No. 2 on its rolls. There is another kind of service that is given to nurses especially in need of help. Sometimes light forms of nursing have been secured for those members of the profession who have retired because of age, from active service. Nurses who, contrary to New Jersey laws, have been permitted to graduate from schools of nursing without finishing one year high school are given every encouragement to make up their academic deficiencies. A girls' vocational school in Newark has planned a class especially for nurses who need these credits, Miss Creech says.

Advice of other kinds is sought by members of the profession too. Nurses about to enter industrial establishments come to learn of workmen's compensation, of laws relating to minors and of sanitary statutes, while those from foreign countries seek help on the best schools to enter to gain a knowledge of American nursing technic.

High school teachers have been



NEW JERSEY HEADQUARTERS

interested in nursing, through Headquarters, and are beginning to present it to their Freshmen classes as a possible career. This means that those whose interest is aroused will have more time to study the needed sciences, and will be better equipped on graduation. Miss Creech always advises would-be nurses to finish high school before considering a school of nursing.

Hourly nursing is being discussed in the state with increasing interest. Two nurses in Maplewood have been carrying on this form of service with success for several years, and the medical profession is beginning to ask questions.

Miss Creech says that New Jersey nurses never forget that five of their profession are receiving aid under the American Nurses' Association Relief Fund. Contributions from the state have grown from $720.00, in 1925; to $1,287.50, in 1926. If the sum is doubled again at the close of 1927, the total will be a striking proof of the strong loyalty of New Jersey to nursing.

One representative of the general public wanted to know recently whether any physician in the state were capable of giving a complete physical examination and diagnosis. This question was a surprise, even to the Executive Secretary, and she referred the woman to the Academy of Medicine.

Standardizing Nursing Technic[1]

Its Advantages and Disadvantages

By S. Lillian Clayton, R.N.

In order to properly evaluate the advantages or disadvantages of any plan or purpose, certain definite things should be considered:

First. A statement of the plan should be made.

Second. An understanding of its ultimate purpose.

Third. The means by which the purpose is to be accomplished.

Fourth. After an understanding of the three steps as stated above, we should ask ourselves whether or not there is sufficient interest on the part of those concerned, to make it worth while to continue working on the plan, and is one's faith in it of such nature, as to make it imperative for him to continue his efforts towards its ultimate success?

We have been asked to set forth the advantages and the disadvantages of standardising nursing technic. The subject is not a new one, but the actual study of it has been slow, and today, we have advanced but little in our effort to secure definite knowledge upon which we may base conclusions. If the subject is of real interest to the nursing and hospital world, why has not more effort been made to further the scientific study of it?

We are agreed that a certain amount of time is required for definite nursing procedures; we know that much valuable time is detracted, by nurses, from actual nursing service, in every part of the hospital organization, because of the extraneous duties they must perform. Why then do these things, that ought not to be, continue to take the place of those things that ought to be?

In order to place before ourselves a definite picture, may we not approach the subject, as people studying methods of scientific management have approached their problems in the business world. To be sure the analogy can apply only to a limited degree.

In 1911, Mr. Taylor tried to point out to the public, something of the great loss which the whole country was sustaining through the inefficiency to be found in almost all of our daily acts. He next had to convince the public that the remedy for this inefficiency lies in systematic management, rather than in searching for some unusual or extraordinary person to perform the work. Third, he tried to make them understand that the best management is a true science, resting upon a foundation of clearly defined laws, rules and principles. Further he tried to show that these fundamental principles of scientific management are applicable to all kinds of human activities, from our simplest individual acts, to the work of our great corporations, which call for the most elaborate coöperation.

The principles put forth by him were such as could be applied to home and business alike, to professional and non-professional undertakings. The first great principle was that scientific management or standardization would bring about the maximum prosperity, or the greatest well-being to all concerned, and this principle depends upon science. This applied to the work in our field would mean that we may no longer perform our duties, according to the rule-of-thumb of former days. Some one will remind us that long ago, we began to standardize our equipment and methods

[1] Read at the Interim Conference, International Council of Nurses, Geneva, Switzerland, July, 1927.

of procedure. True, but have we studied the actual results of our methods, to be sure that they are producing a maximum of "well-being" to all concerned?

Let us stop here to impress upon our minds the meaning of the term "well-being" as it will be interpreted in this paper. We refer to the physical, professional, economic and spiritual values of the patient, the hospital, the student and the organization. To consider scientifically the problem, we should make an analysis of our procedures, thus requiring a statement of all the details of the work that would in any way influence its performance. We have spent much time gaining, through supervision, a knowledge of the individual worker, but the things or conditions extraneous to the work and to the worker are of great importance in our field of endeavor.

In order to scientifically standardize our work, we must analyze it, as stated above. Such an analysis would call for properly qualified persons to perform the task. They would concern themselves with the following details, the first being the selection of the proper student material for the school. This is already being done by the faculty of the school, but it would be interesting to know whether the individual candidate really is chosen because she possesses special characteristics that qualify her for the profession, or whether the choice is based upon certain definite requirements, such as preliminary educational standards, a health certificate, and letters as to personal character. Those of us in the nursing world realize, of course, that these latter points do not really determine the fitness of an individual for the work she is to do. However, this is the starting point, the selection of candidates possessing minimum qualifications necessary for the performance of the duties outlined. Having selected the student personnel, we must conserve their health, therefore the next step of the analyst will be to determine whether the conditions surrounding the worker are such as reasonably to do this.

The foregoing may seem to the uninitiated a superfluous statement in relation to the hospital world, but we believe that among the disadvantages in standardizing, are certain physical conditions in the hospital that handicap the nurses, therefore causing them to be off duty too many days for physical reasons.

Our next step would be to determine the best methods of work. As previously stated, some time studies have been made and certain technics have been standardized, but have we made a sufficient study of these to know scientifically that they are best? We have all had the experience of going into our wards and observing some procedure that has been standardized, and we have frankly wondered whether it resulted in economy of time, of energy output, and whether it really provided the greatest amount of comfort to the patient.

This brings us to another principle of standardization, namely, that nothing is final. Past study resulting in important findings does not preclude further study of the same subject, in other words, standardization is a means of growth, if regarded rightly.

All methods must be understood, and adequate outlines must be provided, as otherwise there can be no real standardization. Here one would recommend the increased use of case records, practice sheets, etc. One of our greatest problems is to determine just how much nursing care a patient requires in a day, just how much service it is possible for a nurse to

render. Like many of our definite statements, we have been prone to state our nurse requirements in terms of mathematical precision—1:4 or 1:10, etc.

In a scientific study that would be made, we must determine much more accurately than ever before, the definition of a fair day's activity, measured first in terms of adequate service to patients, cost of such service, amount of time wasted, and the amount of such service needed in the education of the nurse.

We have seen that the value of an analysis of our work, consists in the selection of student personnel, safeguarding health, improving methods of service, stating in a well-defined way our ideals of work, and determining how much service can be rendered by one nurse. How then must we proceed in the task of analysing our work?

If it is to be of value, it must be of a scientific value, there must be system. The study must extend over a long period of time; the method of study must be orderly. Much has been done in the business world along this line, some study has been made in the nursing world, but nothing extensive or complete. Such a study should be made by a person trained in methods of observation and measurement and it would require a sympathetic understanding from all those with whom he will come in contact. This brings us to the next great important principle of standardisation, that of harmony and coöperation.

The people responsible for the administration, the person to perform the work, those to be benefited by it, and those who must pay for it, should all work intelligently and sympathetically with the scientific student of the problem. The student of the problem should not only be well qualified scientifically for the work, but should possess such personal qualities as would enable him to get on easily with people.

Having secured the proper person or persons to study our standardization of nursing, the work itself would be studied, from the standpoint of every type of service rendered, and its relation to other work; the equipment necessary for doing the work, the means of securing an adequate amount of equipment and the means of providing for the details of its maintenance and care. Further we must study the detailed performance of the work, to determine whether the actual technic as expressed in motion and time, is adequate, economic and efficient. Records must be kept and studied. In the School of Nursing, the education of the student must be considered, and all factors relating to it, including effect of the work upon the person performing it.

And last, but not least, the relation of all of this to the patient and to the hospital must be considered.

The foregoing is a brief statement of the plan for scientifically studying the standardization of nursing or of any other form of activity. The ultimate purpose of the plan would be to increase efficiency in the hospital, from the standpoint of organization, growth, and development in better methods of service, economy in the use of time and material, and increased intelligence in actual knowledge of what really is being accomplished in the hospital, in the care of the patient, the education of the nurse, and service to the public.

To those rendering the service would be given accurate knowledge—first of the work itself, and the conditions under which the work would be improved. The student would be inspired to more efficient service due to the fact that her nursing service was

not continually being interfered with by surrounding conditions such as materials, equipments, unrelated duties to be performed, etc. The patient would be more accurately cared for, therefore his number of days in the hospital would be shortened. His mental attitude would be improved, because his economic burden would be lightened and his confidence in the service rendered would be increased. If the nursing technic is adequately judged, it will result in improved care and comfort of the patient, for it will be simple and adequate. We do not believe any of our hearers will disagree with us as to the plan or its purpose, but the problem confronting all of us is that presented by our next point.

By what means may this study be accomplished? In the past we have made some feeble efforts within our own institutions, using the personnel available for such study as has been made. We have, in our educational centers, given to our students projects to be worked out in relation to this problem. But we have never had the financial means to provide scientifically trained persons to make a complete study, and in almost all hospitals we have been unable to provide suitable and adequate conditions or a sufficiently large personnel to make possible such a study. If the plan is to be carried out the only means that can be thought of at the present time are that the executives and boards of managers be brought to realize the inherent possibilities in such a study and the need in the hospital world. When they intelligently and emotionally realize this need, they will secure the necessary funds to bring it about, just as they would make any important purchase for the institution.

Our next point is that of interest. Can it be secured, on the part of hospital and school executives, the teachers, the students, the patients, or the public? These groups will be interested if they are mutually responsible for the conduct of that study and if the results are satisfactory in their relation to the effective carrying out of the varied purposes of the different groups.

The fifth question we are to ask ourselves is whether our own faith in the plan is of such nature as to make it imperative for us to continue our efforts in spite of obstacles. If we base our answer to this fifth point upon the principles of nursing, demonstrated by our study of the growth of our profession, there would be no doubt but that our reply would be in the affirmative.

In the light of the preceding statements, we are prepared to state that the advantages of the standardizing of nursing technic are to be found in improved student personnel, greater care in developing environmental conditions for working and living, greater stress laid upon improving methods—such improvements to be based upon scientific study of detail, better organization and administration in the institution because of more clearly defined ideals and more adequate records, additional service rendered because every individual must be developed to give his greatest amount of service. To bring about these advantages, there must be harmony and coöperation among the individual exponents as they are related one to the other. If standardization is introduced into the nursing world, such advantages will be realised, and the patients, hospital and nursing personnel will appreciate their value.

The disadvantages of standardisation in the hospital world are very real:

First. Its limitations.

Second. The danger to the patient in forgetting the principle of individualizing.

Third. The reaction of the nurse in her relation to the patient.

Fourth. The danger of introducing commercialism into professional service.

Referring to its limitations, standardization must not be used:

First. When it interferes with the best interests of the patient, either physically, mentally or spiritually, nor must it be used when it interferes with the well-being of the nurse.

Second. Scientific care of patients necessitates the intelligent study of the patient from the standpoint of his mental and physical reactions, as well as that of scientifically correct laboratory methods. Standardized technic must not be considered at this time if some other method will bring a better response.

Third. If all patients are to have the best nursing care, the reaction of the nurse must be considered. She must use her standardized methods only in so far as they do not interfere with her best interpretation of her patient's needs.

To repeat, the nursing world differs from the commercial world in that its personnel is dealing, not alone with methods, material and time, but with the mental, physical and spiritual reactions of human beings. We would end this paper by stating that we believe the advantages of standardization to be great. We would urge that greater effort be put forth to study our nursing methods now in use and to develop more and better ones. There is a great need for such studies to be made and we believe that the patient, the hospital and the nurse would all be benefited as a result of such studies.

We would, however, strongly urge that while such studies are being made and such progress is being developed, we remember to consider the reactions upon the patient and upon the nurse, that we study both, learning to standardize methods but not the individual, neither the patient nor the nurse, and that we apply our standardized methods so as to develop scientific nursing in the most intelligent and professional spirit.

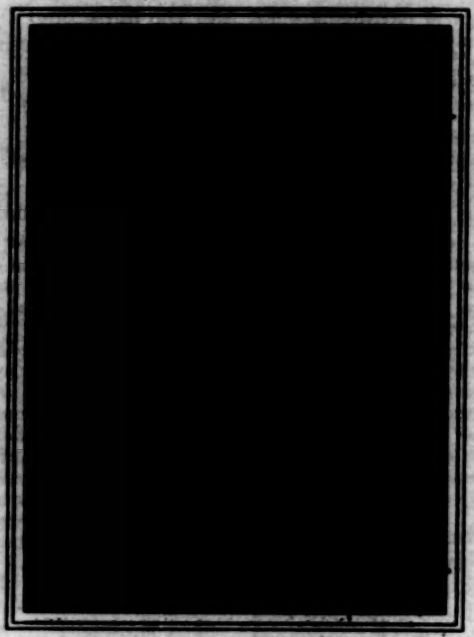
Medical Social Service

"THE primary aim of Medical Social Service is to make it possible for every patient to carry out medical treatment." This part of the medical care of patients may be carried on directly by the Medical Social Service Departments when the main problem is interpretation, education, simple adjustment of environment, or it may be carried on in collaboration with specialized agencies in the community. The Medical Social Service acts as a liaison with such social agencies. It does this by assisting them with interpreted medical information and advice concerning patients or by calling in the services of the agencies to assist in making adjustments required by the medical situation.

Typical activities of Medical Social Service Departments in New York City concern:

1. Procuring information for the physician that may have particular relationship to the patient s condition.
2. Interpretation of disease and treatment to patient, families, or others interested.
3. Discovering and removing obstacles which would prevent the carrying out of medical treatment.
4. Securing the proper conditions within or without the home for convalescence.
5. Adjusting or securing proper employment.
6. Arranging permanent care for the chronic sick.
7. Providing or securing special forms of financial assistance.—Report of Medical Social Service Section of Associated Out-Patient Clinics Committee of New York Tuberculosis and Health Association and Welfare Council of New York City.

Who's Who in the Nursing World



LXXVI. ESTHER DART, R.N.

Last February Miss Dart completed twenty-five years of service at the Stillman Infirmary of Harvard University, but that statement gives an utterly inadequate story of the years. The real story is written in her influence on the imperishable fabric of the lives, especially of younger nurses, with which she comes in contact.

Miss Dart went to the Infirmary after a very considerable experience in various administrative positions in and out of the Massachusetts General Hospital, for it was from that school she was graduated in 1891. She has held the positions of President, Secretary and Treasurer of the Massachusetts State Nurses' Association and Secretary of the New England Division of the American Nurses' Association. She has been chairman of many of the very hard working committees where her staunch integrity, her broad-mindedness and clear thinking often helped to clarify difficult situations.

Miss Dart's life has not been in any sense spectacular. She has been lauded little, but "for thirty years, young officers have leaned upon her judgment and her knowledge of parliamentary procedure." She has won affectionate respect for her support of and interest in all that made for the advancement of nursing. She has been an inspiration to those who have desired to think clearly and to shun pettiness and meanness. In short, Miss Dart, through a long and extremely useful life, has been a tower of strength to the nurses of Massachusetts.

Editorials

The Red Cross Roll Call

A FEW days ago a busy superintendent of nurses told us of having physical examinations made of the young graduates who are about to leave the school because, said she, "If we have the 'physicals' made while they are still in the hospital they are all ready to enroll in the Red Cross Nursing Service when they leave." The story of the Flood Relief told in last month's *Journal* should arouse in the heart of every graduate of 1927 a desire to enroll in that glorious company. Annually we remind nurses that enrollment in the nursing service and membership in the Red Cross are not one and the same thing. Indeed, they are totally different. Enrollment may be had only by those who meet the personal and professional requirements of the service. It is a mark of patriotism and professional distinction to belong and it costs nothing but the effort of making application.

Membership in the American Red Cross is open to every man, woman and child in the country. It may be had for one dollar or as many dollars as one chooses to give for it. Nurses can be particularly influential in helping a very large number of people to join this year. It is important that they should. The mighty work of the Red Cross is kept going by means of its membership. Its peace-time program of education and health and its instant readiness for disaster relief are dependent upon a treasury adequately supplied with funds. Appeals for funds may be made, and are made, in times of appalling calamity like the Mississippi flood, but the constantly-set-up machinery which functions so swiftly and unerringly when disaster strikes is made possible by its all-inclusive membership.

Nurses are often asked why the Red Cross puts on membership drives. It is in order that the files of enrollment in the nursing service may be kept up to date and ready for instant service, that disaster equipment may be constantly in readiness, that the public health nursing program may be kept going and that the teaching of Home Hygiene and other educational activities may be continued. Forty-five thousand enrolled Red Cross nurses should be able to influence many times that number of persons to join and thus to participate in the work of the greatest humanitarian agency in the world. It is the ambition of the Central Committee to secure 5,000,000 members this year, a number that would stagger the imagination of any organisation except the Red Cross, which had 20,000,000 members when the A. E. F. was in France! The past few years have brought disaster upon disaster in various parts of this country. The Red Cross has served swiftly, efficiently and graciously, in storm and flood. What will you do to keep it "Fit to Fight" disaster?

Shortage of Private Duty Cases

PERHAPS a better title would be "Lack of Opportunity for Private Duty Nurses." Either way it must be made clear that no nurse wants more people to be sick! Nurses rejoice, as should the rest of the world, over the statement of the Metropolitan Life Insurance Company in its Statistical Bulletin for August that the first six months of this year were probably the healthiest this country has ever enjoyed. No

one knows just what part this has played in the lack of work for private duty nurses, neither can anyone state exactly what influence the shortening of the duration of illness by medical science and surgical skill has had on private duty in general. These three, plus certain economic and social factors, brought about a condition in which cases are relatively shorter, waiting periods are relatively longer, private duty nurses are not as busy as they would like to be and, therefore, they are not happy. This is reflected in the article "The Private Duty Nurse" in this issue.

The shortened cases, with more frequent periods of time on call, plus the increased cost of living for the private duty nurse, has tended to raise her just charges to a point where only those of comfortable means feel that they can employ nurses. And what is the result? The result is a season of distress and of exceedingly difficult adjustment on the part of nurses. It is also a time of resentment on the part of patients, if we are to believe the writer of an article in the *Atlantic*. The fact that the writer apparently condemns a whole profession, when in reality she is discussing only one segment of it, is no more one-sided than are the arguments of nurses who want things to be "as they used to be" in private duty. No other phase of our national life is as it used to be, nor would we be willing to go back to the "good old days" with their oil lamps, slow transportation and other inconveniences.

What is to be done about it? It seems rather important that both sides face the facts, whatever they may be. From the standpoint of many patients, the cost of nursing is too high—prohibitive, in fact—and yet they are justified in *wanting* good nursing. The Grading Committee has already unearthed some facts about private duty nursing. It is obvious that the average income cannot and should not be reduced. Not only should it not be reduced, but a way should be found to reward nurses for growth in experience and skill.

The dilemma we face, therefore, is exactly this: A great many people, even in times of maximum health for the population as a whole, need skilled nursing who cannot have it because the cost, for them, is prohibitive. Private duty nurses, in several sections of the country, at least, are not having enough to do and cannot reduce rates. Where then lies the answer? Is it not time that the nursing profession began working toward a radical reorganization of the methods of distributing its skill? No radical reorganization can be brought about until some very careful experimental work points the way for larger movements. Hourly nursing and group nursing should be tried out with all the precision it is possible to bring to social experiments. Results should be checked and verified from the standpoint of patient, nurse and physician, with due respect for the stake in the experiment of each of the three. Only so can there be lasting satisfaction. At the same time some courageous experiments should be undertaken by registries which would lead up to the ideal of a truly comprehensive community service. Underlying any such studies there must be sincere belief in the intellectual honesty of each group by all the others.

Private duty nurses, admittedly lacking leadership, and this through no fault of their own, tend to look askance at programs proposed from without their own groups. Could they but believe in the integrity of the profession itself, in the desire of

the more definitely organized groups to understand their problems in order to help them, could they believe that the present talk of hourly nursing, group nursing, graduate floor duty and the rest is based on a deep-rooted desire to help every nurse to find that field in which she can give the most satisfying and rewarding service; most of all, could they but believe that the newer movements are in no sense a slur on private duty but, rather, a deeply felt obligation on the part of other groups, they would lend their whole-hearted coöperation to seeking a way out of the maze in which they find themselves. Private duty nursing we have had from the beginning. Some private duty nursing we shall always have but, if there is not sufficient opportunity in that specialty for all who love nursing at the bedside, then, in pity's name, let us find new ways to utilize the skill and service for that great body of patients of the middle class who now suffer from secret anxiety lest they may fall ill, knowing that, for them, our much desired services are prohibitive.

The Nurse in Print

CLIPPINGS, sent in by subscribing friends, of two syndicated articles on nursing have recently showered down upon our desk. One, by Glenn Frank, is called "To a Young Nurse." He says:

> The work of the trained nurse seems to me to fit the four requirements of an ideal task. It has difficulty enough in it to give one a sense of adventure while doing it and a sense of mastery when done. It has variety and routine mixed in the right proportion. It gives one a sense of creating something that can be claimed as a personal accomplishment. It means congenial associates.

We are grateful to Mr. Frank for so accurately stating in part at least, the belief held by nurses themselves.

The other article, signed by a physician, is called the "Talking Trained Nurse" and the author has much to say of the nurse who diagnoses and prescribes. Up to that point, any professional nurse will agree with him, that neither of these two responsibilities falls within the scope of nursing, and the industrial nurse who hands out aspirin to all comers or the nurse in the home who prescribes is certainly stepping beyond the boundaries of her professional province. The author's inference, however, that nurses who trespass on the field of medicine are the result of a three years' training is utterly fallacious and absurd. Well-prepared nurses (and three-year nurses have a better chance than have those who take a shorter course) are keenly aware of the dangers of little knowledge. They know the difference between a little medical knowledge and a rich body of nursing knowledge, and the broader their knowledge of nursing the less apt they are to trespass on the field of medicine. They are much less liable to fall into that particular trap than are the products of short courses in nursing.

And now a third statement, in the *Atlantic*, is receiving widespread attention. The author, comparing a hospital experience in 1902 with one of the present day which involved the care of special duty nurses, disposes of nursing in the following devastating terms:

> Those competent young women of the past are merely a tender memory, inhabiting the land of "long ago" with Florence Nightingale,

thus seeming to imply that the spirit of Miss Nightingale is dead. This author, comparing the day when student nurses gave a very high percentage of all the nursing service in hospitals, is resentful of the present system of using special duty nurses

who must be paid for by the patients, for a majority of private-room patients.

Here is a point that has not been squarely faced by either nurses or hospitals. It is high time that some vigorous thinking should be done on the subject of how much nursing service each patient entering a hospital has a right to expect. Has the hospital done its full duty when it provides the equipment and the organisation for the care of the sick? It expects to provide dietary service for every patient. Should it not provide a stipulated amount of nursing service for every patient also? It is equally fundamental. It is high time nurses thought about this. The profession is bearing the onus of a situation for which it is by no means wholly to blame.

Three times, recently, nursing has had what advertisers call "national distribution" in print. Two of the challenges require action to clear up misunderstanding, at least; the third is a challenge to every nurse reader. "Nursing has difficulty enough in it to give one a sense of mastery when done." What is true of nursing service itself is true of many of the social problems that have arisen in connection with it. The studies of the Grading Committee will throw strong light on both the questions raised in this editorial, but there is no reason why the members of the profession should not do their individual bits to clear up mis-statements and misunderstandings. Nursing *is* full of adventure and some of it lies in the field of thought. The adventure of developing a really new idea is full of thrilling possibilities.

Citizenship and Self-interest

TO propose that schools of nursing add even one more responsibility to those they have is to provoke a groan of protest, but we ignore the groan and suggest that it is time to give some thought to training nurses for citizenship. Nurses, as a class, are good citizens. Occasionally a nurse is mixed up in some deplorable and unsavory scandal, but the profession would be more than human if this were not the case, since it occurs, unhappily, in every social group. Most nurses are good citizens, but in a passive way. The percentage of those who exercise the right to vote is undoubtedly small. Why? There are many reasons. The inertia that keeps so many other intelligent people from the polls is a detriment to nurses also, with the added reason that nursing service is demanding and irregular. There is also the matter of unpreparedness. There are 1,814 accredited schools of nursing in this country, and 264 which are not approved by state boards. More than 2,000 of them require students to be "at least eighteen years of age" and we know that a large percentage of the students barely meet this requirement. Most of the courses are of three years' duration. From the ages of eighteen to twenty-one, then, many thousands of young women are in our schools, but are they ready to vote at twenty-one? Not at all. They have been in no way prepared or encouraged to exercise the most important duty of citizenship.

We deplore the general lack of understanding of the financial needs of our hospitals and our schools. Bond issues for hospitals and schools of nursing might very well be made an important plank in political platforms at state elections, but we have never done anything to prepare nurses to exercise the privilege of voting. Shall the nursing profession sit idly by wishing for these things? Probably it will do so yet awhile, but a well-informed, politically active group

could do much to influence public opinion.

If schools of nursing, containing thousands of potential voters, have not taken on the important function of preparing their students to exercise the suffrage out of altruistic patriotism, it is possible that they might do it from the more immediate and more powerful motive of self-interest. That gained, it might be hoped that a spirit of true, actively functioning citizenship would follow. It is a matter worthy of most serious consideration.

Nurse Consultants

IS it coincidence or a sign of the times that another nurse announces her readiness to act as consultant? Carolyn E. Gray has been sought many times to make surveys or studies of possibilities for university schools or some form of university relationships. She has also been much in demand for institutes and for teaching in summer courses. These are much-needed services, requiring preparation of a very high order. It is unfortunate that the National League of Nursing Education has never yet had the financial resources to give the service in the field, which it is acutely aware is needed. Since the League is not now in a position to send out suitably qualified workers for these highly technical services, it is fortunate that a woman of Miss Gray's very unusual capabilities and preparation is available.

"THE professional motive is the desire and perpetual effort to do the thing as well as it can be done, which exists just as much in the nurse as in the astronomer in search of a new star or in the artist completing a picture."

—FLORENCE NIGHTINGALE.

"GENEROSITY he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried by a thousand embarrassments; and, what are more important, Heraclean cheerfulness and courage. So that he brings air and cheer into the sick room and, often enough, though not as often as he wishes, brings healing."—ROBERT LOUIS STEVENSON.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Problem XVI

IF it is true, and we believe it to be true, that nursing has been immeasurably advanced by the nursing organisations, is there an ethical obligation to belong to the organisation and to maintain an active registration?

Answer: If you want to feel encouraged about the nursing situation or the opposite, take an inventory of the class which graduated from your school of nursing in 1926. Check them up with the record of registration and the record of alumnae or district membership. Few of the classes will check up 100 per cent.

If they apply to an official registry which demands membership in the Alumnae or District Association, then the individuals become members. But what happens when one of them applies for an institutional position? "Are you an R.N.?" "Yes." The fact is taken for granted. The Registry expects to see the credentials; the hospital or school takes it for granted that she knows. Does she know? If she lives in a state where there is compulsory reregistration, she remembers taking her examination and getting her credentials. Get a list from your State Board of Examiners' office and see if a few have not supposed that "once a registered nurse, always a registered nurse" when the law distinctly says that, without annual reregistration, she is not a registered nurse.

The same is true of being a member of her alumnae association; "once a member, always a member"? It cannot be taken for granted.

Last year's class has had plenty of time to fulfill early obligations to the profession. Have the alumnae associations inspired them to do so? If not, then let us begin our study on the 1927 class and get acquainted with the real reasons as to "why" this new material is not coming into membership.

If there is no inner urge to become a part of this supporting wedge in this big field for women, then the older ones can safely say, that, as a whole, they have not "sold" nursing ideals properly. It may be a good time to recast *our* ideals and actions so as not to stand in the way of better results.

Let us use X-rays on our own delinquency before the Committee on Grading of Schools of Nursing, bares the soul of our present sickly condition which, in some places, shows a lack of enthusiasm and a lack of loyalty to a worthwhile cause.

An Ideal Task

THE work of the trained nurse seems to me to fit the four requirements of an ideal task:

It has difficulty enough in it to give one a sense of adventure while doing it and a sense of mastery when it is done.

It has variety and routine mixed in the right proportions.

It gives one a sense of creating something that can be claimed as a personal accomplishment.

The trained nurse comes into contact with humanity when it is face to face with the age-old problem of pain. And since men may be made or broken by the way they face pain, this means that the trained nurse ministers to humanity in some of its most critical and creative hours.

The trained nurse can supplement the doctor's ministry to the patient's body with a more subtle ministry to the patient's mind. In her more intimate relation to the patient, the nurse is in a particularly favorable position to recognise the too often overlooked fact that the mind hath a medicine chest upon which the practitioners of the healing art do well to draw.—GLENN FRANK.

Do Professions Run in Families?

BY GLADYS T. PAQUIN, R.N.

DO professions run in families? There are numerous cases of brothers, or fathers and sons, prominent in the medical profession, and according to statistics at the Union Hospital, Fall River, Mass., there is indication that the nursing profession also "runs in the family."

Five pairs of sisters were enrolled at the training school last winter, and there are now four pairs, the number having been reduced by the graduation of one sister in June. According to the superintendent of nurses, one no longer thinks it unusual to have sisters studying nursing at the same time. It is unusual, however, to have as many as four or five at once.

Those now in training are the Misses Merola and the Misses Lennon of Fall River; the Misses Gough of Taunton; and the Misses Briggs of Westport.

Organizing Community Interest in Nursing Education[1]

BY ISABEL M. STEWART, R.N.

IT seems quite obvious to all of us here that this business of preparing nurses for community service is a joint responsibility, but we do not seem to be quite sure how that responsibility is to be shared between the professional groups and the various elements which are included in the rather loose assemblage of people we call the community.

Miss Byington, in her very helpful little pamphlet on "What Social Workers Should Know about Their Own Communities," defines the community as "a group of people living near to one another who, because they have developed a sense of unity, are carrying on certain activities together." These activities are concerned with certain essential services which, it is agreed, the community should furnish to its constituents. They are differently defined by sociologists but may be briefly outlined as: order, with security of life and property; economic well-being; physical well-being; constructive use of leisure time; ethical standards; intellectual diffusion or education; free avenues of expression, such as newspapers, forums, etc.; spiritual motivation and democratic forms of organization, through which the community can see that its will is done.

To supply these needs social institutions have arisen, such as the family, the school, the church and the government, and vocational groups, such as teachers, preachers and physicians, each prepared to serve and carry out some of these vital functions of community life.

While all of us bear some responsibility as citizens for the welfare of the community as a whole, and while there is always some overlapping of functions between different specialized groups, as for instance between the family and the school or the government, each institution or group has its own particular job, and it must assume a special responsibility for seeing that that job is well done.

There is always some danger that the community may make excessive demands on individuals or institutions, and that it may fail to adequately safeguard the welfare of those who work in its service. Experience shows, however, that there is also serious danger that institutions originally created to serve community needs may exploit the community in their own interests. Any institution or group which regards its own safety and welfare as more important than the welfare of the community, that holds on to traditional prerogatives and powers in spite of changing social needs, or regards loyalty to itself as more sacred than loyalty to the common good, becomes a menace to the community instead of an asset. It may take some time for the mills of the gods to grind, but history shows

[1] Read at the annual meeting of the National League of Nursing Education, San Francisco, California, June, 1927.

that such an institution will inevitably disappear or will become reorganised in a form which better suits community needs. Therefore, the one condition of survival of any institution or professional group is that of continuous adjustment to social conditions and needs or, better, the continuous integration of the needs of those who serve and those who are to be served. This means an alert and intelligent social consciousness, sensitive and responsive to community needs and able not only to evaluate those needs, but also to supply a kind of service which best relieves and satisfies the situation in the group at large.

This matter of human adjustment has always been difficult enough, even when life went on at a slow and even pace, and when knowledge came in tiny dribbles seeping slowly into human consciousness, but our modern generation has been going through probably the greatest revolutionary period in the history of the world, and the new scientific knowledge has come so rapidly that its application could not help but create some extreme reactions. Every aspect of life has been affected by these changes—our economic structure, our social structure, education, religion, morals, health.

Mr. H. G. Wells, in his recent novel, "The World of William Clissold," says of this rapidly moving age:

> Man was a species living in detached and separate communities, he is now being gathered together into one community. He is becoming one great interplay of life which is replacing a monotony of individual variations. He is changing in every social relationship and developing a new world of ideas and mental reactions, habits of mind and methods of feeling and action, in response to the appeal of the new conditions. Nature, I take it, is impartial and inexorable. He is no specially favored child. If he adapts, he passes on to a new phase in the story of life; if he fails to solve the riddles he faces now, he may differentiate, he may degenerate, he may die out altogether. One thing nature will not endure of him: that he stay as he is.

I think it would not be at all inappropriate to apply these statements to our situation in nursing today. No one who has attended this meeting and who has heard the discussions can doubt that our profession is entering on a new phase in the story of its life. It has almost passed through its adolescent period of storm and stress and has not yet completely adjusted to its adult responsibilities. Nursing education is in a process of transition between the old proprietary individualistic system with its emphasis on production, and the new direct professional system with its emphasis on education. It is not at all astonishing that the nursing profession and the community should both be a little uncertain and restless over these inevitable changes and their outcome. It is not only the uncertainty and the interference with established habits and customs which disturbs our loving friends—it is our growing independence. So long as we were in the period of infancy, the public and the medical profession were inclined to be quite protective and sympathetic with the new system of education. As we got older and showed that we were quite capable of managing our own affairs, we lost some of that sympathy. Then the adolescent period is not the most attractive period of growth or the period of most harmonious relationships. It is often a time of friction and irritation even in the most reasonable and united families.

The subject of this program seems to assume that there *is* a community interest in nursing education which is all ready to be organised for effective action. I may be a little pessimistic about this but my own observation would lead to some doubts. How

many of you are working in communities where there is a live, sympathetic interest in nursing education; where, if any question comes up regarding registration or appropriations for educational work, you can rely on a fairly keen and intelligent understanding of what it is all about?

There are communities, doubtless, where nurses seem to have won a good measure of respect and sincere appreciation, but even in such communities there is usually little understanding of the educational needs of nurses.

No one would be surprised to find such a lack of curiosity and interest among the uneducated, but the astonishing thing is that intelligent and well-educated people, such as teachers and preachers, social workers and educational administrators, seem to know almost as little and care as little as the man in the street, about the way in which nurses are prepared for their responsible duties. It is easy enough to tap superficial emotions by parading a group of student nurses in uniform and there is never any difficulty in finding orators to pour out sentiment and flattery on occasions such as graduation, but for the actual understanding and support of good educational standards in nursing, there is not a great deal of real help. One would assume that graduate nurses spring Minerva-like, fully equipped, wings and all, from the hospital wards, and that they pluck their education somewhere out of the air, or absorb it by a process of osmosis from contact with physicians and patients and all the machinery of hospital life.

What seems to be the reason for this widespread public apathy toward nursing education and, still more serious, the open criticism and the active organised opposition which we meet in certain sections of the country and in certain social and professional groups? If medical men and hospital officials really believe some of the things they say, there must be an appalling lack of understanding among them, as well as a dangerous state of emotional tension.

I do not need to multiply evidence or argument to show the chaotic, unsatisfactory state of public opinion on what is now familiarly known as "The Nursing Question." Nursing education is only a part of this burning issue, but is so closely tied up with economic issues, with the alleged shortage of nurses and the suspected ambitions of nurses to usurp the functions of medicine, that we cannot isolate it and discuss it entirely by itself. What we want to know is the reason for this state of mind and what can be done about it. We may as well face the fact that we have certain deep-seated instinctive emotions to deal with here—and the matter is not entirely one of understanding but mainly one of feeling. How much of this opposition goes back to the fundamental human instinct for domination, to the real or imagined invasion of prestige or privilege, the craving for economic security and the enmity and fear which these emotions breed?

It is foolish to blame the human race for harboring these instincts and emotions. We all have them and they are quite essential in their place. What we must try to do and help others to do, is to distinguish between emotions and reasoned conclusions based on facts. We must also try to cultivate some of the more benevolent and sympathetic emotional attitudes and feelings, because they also are natural to human beings and are to be found along with these other deep-seated instincts which operate against us. Enemies can often be turned into friends by making them feel that they have a distinct contribution to make

to our projects, that their opinions are valued and recognised and that we rely on their sympathy and support.

I think that this is probably one of the greatest mistakes we have made in our work for nursing education. We have too often played a lone hand because we have been unwilling to take people into our confidence and to utilize the great potentialities of friendship and assistance which lie all around us, in every normal community. We have been afraid of being misunderstood and possibly of having our affairs taken out of our hands. We have struggled along expecting that people would understand our disinterested motives without explanation. We feel that our plans for educating nurses are so obviously right that people ought to accept them without much question. Some of us who are naturally optimistic have believed that progress is inevitable anyway and that all our ideas will take shape in time without too much engineering on our part. Others who are inclined to be pessimistic and suspicious, think that the case is almost hopeless, and that the best we can do is to hold our ground and fight to the last ditch. They are on the defensive at once as soon as nursing education is mentioned or they have developed the mania of persecution and assume the attitude of the martyr.

Back of all our doubts, and more or less clearly expressed, has been our distrust of public opinion, and often our fear of sensational publicity. This fear and distrust are not unfounded, but the remedy lies not in ignoring them but in a better understanding of the forces which mold and control public opinion. There is a growing body of knowledge and experience on this subject which is now available, and one of the things we must do in this new adult stage of our development, is to study the psychology of the public mind just as we do the psychology of the individual mind, and learn, not how to manipulate it but how to utilize and direct its forces in constructive and helpful ways.

This is not by any means a simple matter. The public mind is not at all like the individual mind. It is not the sum total of all the minds in the community, not yet the common average of those minds. There is often a great difference between the general opinion of the community and the opinion of certain prominent class groups or professional groups. There is also much difference between popular impression and true mature public opinion. Popular impression is shallow and fickle, easily stampeded by emotional appeals, by slogans and war-cries. It is notoriously ill-formed, warped by traditional attitudes and particularly susceptible to suggestion. Everyone will remember how, in the wartime influenza epidemic which put such heavy demands on the existing supply of nursing service, the most unsound and impossible schemes for the quick training of thousands of household nurses, were sold to a credulous public by the use of clever publicity methods.

It has been shown that feeling rather than reason lies back of most popular movements of this kind. It is easy to arouse the strong emotional urges which are never far below the surface of any group, and the top dressing of argument gives a semblance of reason to justify the feeling. But such movements never last.

Real public opinion is usually a matter of slow growth. The issues have to be threshed out and sifted out by discussion and debate before opinion becomes organised. People may not agree but they have had time to make up their minds and they are

likely to hold on pretty firmly to opinions thus formed. At its best, however, public opinion has certain distinct limitations and it would be foolish for us to expect too much of it. The public is unable to focus attention except for a short time on any one issue. Moreover, it takes a crisis of some kind to rouse the public to attention. It will accept without criticism almost any ideas or practices, so long as they are customary. When something happens to disturb the ordinary functions of society, the public sits up and takes notice. "Then," as Cooley says in his book on "Social Organization," "is the day of reckoning when the specialist has to render an account of the talents entrusted to him." . . . . "The rule of public opinion then means for the most part a latent authority which the public will exercise when sufficiently dissatisfied with the specialist who is in immediate charge of a particular function."—

There is always, in the public mind, a latent suspicion of the expert or the professional, unwillingness to be dictated to or guided too much by technical specialists. The public tends to put its faith in experience and in common sense rather than to take the evidence of some scientific authority whose language it does not understand. It is a little disillusioning to know that the public has no superior moral sense by which to judge the right and wrong of any issue. The old saying "The voice of the people is the voice of God" is no longer believed by any one who has seen the actual workings of a democratic society. Walter Lippman, in his brilliant book, "The Phantom Public," shows clearly both the moral and the intellectual limitations of the public mind. It is not aroused by injustice or by evil, he says, but only by the interruption of a habitual process of life, or by a conflict which is the result of change. As soon as a workable adjustment has been reached the public "conscience," is satisfied and relieved.

The greatest contribution public opinion can make is to insist on a fair hearing for both sides in any conflict and then to see that the question is turned over to some individual or agency who will thoroughly sift the evidence and assist in finding a remedy or a workable adjustment.

The method of the public is usually to insist on open debate and discussion in order to bring out the self-interested group and to detect and discount purely partisan and private interests as opposed to public interests. It wants each group to sail under its own true colors. It is quick to discover inconsistencies and evasions and to discount the evidence of the special pleader. It has a canny instinct of its own for cant and hypocrisy and what it popularly calls "bunk." If we have anything to conceal, it is just as well not to submit our cause at the bar of public opinion, but if we are anxious to bring out dubious or underhand motives in our opponents, a public hearing often does the work. Where controversies persist and the issues are obscure, a public inquiry may be demanded. Any group which refuses to submit its case freely and fully to public scrutiny is under suspicion, and if the accused party refuses to answer the charges made against it, the assumption usually is that the case is a weak one.

In a long stubborn contest between groups, the policy of the public is often simply to "wait and see." In process of time the issue comes to a head, like an infected wound, and opens by free pressure from within. We often feel aggrieved when the public fails to take action on some particular issue. The public cannot itself

participate in the details of adjustment. If there is no existing group or organ that can be entrusted with the settlement, and if public sentiment is vigorous, a special group will often arise spontaneously, will develop its own leaders and will make the necessary adjustments and reforms. Then public opinion reposes peacefully until the next crisis comes along and demands attention.

How far does all this help us in settling our disputes about nursing education and in forming a sane and enlightened public opinion on this subject? In spite of all the limitations and dangers involved, I wonder if the time has not come when the whole nursing issue should be brought definitely before the bar of public opinion in our own communities and in the country as a whole. If we are wrong in all these years of effort for better nursing education, we might as well know it. If we believe that our case is a good one, we should not be afraid to bring it into the open and to invite all the arguments pro and con and put all the facts before the public as far as we are able to secure them. I do not think we need to be afraid that the public would be unduly influenced by the familiar arguments of self-interested groups, or that it would be deceived by the elaborate defenses and rationalisations built up to conceal deep-rooted group complexes. Each side would undoubtedly be found to cherish certain prejudices and to be subject to emotional warpings of judgment and unconscious exaggerations of facts—this is human nature. It would be good for all of us to be compelled to state the issues in definite concrete terms and to scrutinise critically our own arguments as well as those of our opponents. Undoubtedly a good many of our differences would settle themselves if they were brought out into the light of free discussion with the public serving as umpire or referee.

But more than discussion is needed if we are to establish public confidence and get public support for nursing education. We might rally a number of supporters to each side and fight the thing out. But even though the public loves a fight and one can always get lots of free publicity from such a challenge, we are beginning to suspect that the old method of trial by combat is not the best way of settling public questions. We might arrange a parley of opposing interests and secure a certain kind of agreement by the process of give and take or a balance of power, but such a compromise does not always indicate that a satisfactory solution has been reached or that any real unity of mind or purpose has been achieved. A recent writer, M. P. Follett, who has had much experience in industrial disputes, gives as her opinion that "those disputes which are settled merely by the balance of power are not settled at all." And again, "compromise sacrifices the integrity of the individual and balance of power merely rearranges what already exists; it produces no new values."

Fortunately our social engineers are discovering some new technics for the settlement of controversial issues, and the working out of coöperative relationships. It is not enough that we collect facts, important as these are in the process of understanding and adjustment. The survey method is decidedly valuable but it also has some limitations. We need to do a great deal more survey work than we have ever done, to find out what community health needs are, how the responsibility should be divided among the various specialised groups, and what is an adequate nursing

service for any given type of community. We need to establish standards of what constitutes a satisfactory community nursing service, not only in quantitative terms, but in qualitative terms, so the community itself may be able to find out how it stands in comparison with other communities in its provision for good nursing care and nursing education. We need demonstrations and experiments of many kinds to find out better methods of organisation, more economical use of nursing resources and better methods of training. But with all these valuable and necessary social technics, we need more than anything else to find a way for securing better teamwork between the professional groups and lay groups in the community and between the various professional groups themselves.

Albion W. Small, in one of his last articles, sums up his whole social faith in these words:

> Throw the emphasis of untiring line-upon-line reiteration upon the fact that we do not see life sane or whole unless we see it as community life, and all its programs, wise or unwise, in the degree in which they aim to be programs of teamwork within the whole community enterprise.

Miss Follett, in her remarkable book, "Creative Experience," uses the word "integration," instead of "compromise" or "coöperation," to describe the newer idea of social adjustment which secures the essential values for each group and certain new values besides. You will have to read that book for yourselves, and also a new book by E. C. Lindeman on "Social Discovery" to get a clear idea of the philosophy which underlies these new technics in social engineering. I am convinced that it is in these new concepts and not in the old methods of competition and combat that we shall find the solution of our problems in nursing education.

The three great principles to work for are: social intelligence, social economy, and voluntary coöperation. The interest of the community needs to be aroused, first, in its own well-being. This is a natural and deep-rooted interest, not a forced or artificial thing. But in every community there are people who, in addition to their interests as citizens, are naturally interested either in nursing or in education, or both. I have been working recently on a Public Health Nursing committee where there are a number of lay workers, and I have been struck by the fact that there are a great many people who have never found their way into nursing schools, but who have a plentiful supply of natural nursing instinct which is waiting for some such useful outlet. The same thing is true of the fundamental teaching instinct. We capitalize only a small proportion of it professionally and we are foolish virgins indeed if we do not tap this source of energy and interest for such a good cause as we have in nursing education. Such people have to be carefully selected, of course, and their interest needs to be organized, educated and directed, but the more they know and the more they do, the more interested and valuable their service is and the more they give of themselves to it. This voluntary group cannot take over the function of the professional groups, but it supplements us admirably and it has a powerful effect in influencing public opinion in the community.

We are finding that some lay groups in public health nursing and also in nursing education are taking their responsibilities very seriously, are organising institutes, symposiums and reading clubs, to keep themselves informed and are attending our nursing conventions in much larger numbers every year.

They should and do have our profound appreciation. I have long felt that some way should be found for creating an organised group of such friends of nursing education on a national basis—affiliated, perhaps, with our own National League. Every person needs a hobby, an enthusiasm, a cause to make life really vital and worth while. Many of us have found that great cause in nursing education. Don't let us be selfish about it. Let us capture some of that live enthusiasm and intelligence which went into the suffrage movement, which goes into settlement work and missionary work and all kinds of civic and educational enterprises, and with this great motive power added to our own, nothing can stand against us.

The Place of Extra-Curricular Activities in Schools of Nursing[1]

By Shirley C. Titus, R.N.

In making the initial approach to this subject, the following pertinent questions present themselves; to wit:

1. Is there a place in the school of nursing for an extra-curricular program?
2. If so, how much practical value would it have?

It appears that the answer to these two questions lies in the very basic problem of whether nursing education is to be considered as a genuine form of professional education or whether it is a mere training in a handicraft. If the latter view is adopted, many of the problems of nurse educators would entirely disappear, for the problem boils itself down to a simple consideration of equipping the individual for a specific trade; if, on the other hand, nursing education is to be thought of and treated as a distinct form of professional education, and certainly no intelligent, thoughtful or forward-looking person could conceive of nursing education being other than distinctly professional education, one must, perforce, accept as a corollary that the unit which we will have to consider in this educational process is, as in all other educational processes, the student herself, and the general objectives for other fields of education must necessarily be those of nursing education.

With the acceptance of these facts it is entirely logical to next consider the objectives of education in a democracy. The rôle or function of education in a democracy is commonly conceded as being an all-round development of the individual so that he may more perfectly and more effectually meet his manifold social relationships and find for himself a better, a richer, and a fuller life. Such a development calls for (1) education for health, (2) education for worthy homemembership, (3) mastery of the fundamental processes such as reading, writing and the like, (4) preparation for a vocation, (5) education for civic duties, (6) education for the wise and judicious use of leisure time, (7) development of ethical character.

All forms of education should embrace as their goal the seven foregoing objectives. Each form or type of education will, of course, emphasise a

[1] Read at the annual meeting of the National League of Nursing Education, held at San Francisco, California, June, 1927.

little more emphatically or a little less emphatically certain ones of these objectives but all seven objectives should be constantly borne in mind when seriously considering education or the educational process.

Nursing education, it is true, has perhaps over-emphasized objective 4; namely, preparation for a vocation. With the gradual emergence of modern nursing from the apprenticeship system to the full dignity of professional status, all seven of these educational objectives must fall into a desirable balance or array. It is to be hoped that the time is not far distant when everyone, both within the profession and without the profession, may come to a very clear realization that nursing education is indeed a form of professional education and as such must concern itself with the all-round development of the student as does every other form of education.

In considering the all-round development of the student, it is well to recall to the minds of those concerned that education is duo-natured, consisting of formal and informal instruction. The classroom, or formal education, concerns itself largely, but not exclusively, with certain types of learning related to a command of fundamental processes and the acquisition of certain facts and information which cannot well be acquired elsewhere. Educators, during the past decade or so, have come to a realization that while, on the one hand, formal education lends itself admirably to the giving to the boy or girl certain facts and information, informal education is peculiarly valuable in developing in the boy or girl proper social attitudes, habits and ideals or, to put it in other words, in developing and strengthening the boy's or girl's social-moral fabric.

One must not lose sight of the fact, however, that the objectives or purpose of both informal and formal education are the same; they differ only in degrees or emphasis. Therefore, the purpose of extra-curricular activities, which are the major form of informal education in modern life, is precisely the same as that of the written curriculum; it is not something different, remote, or isolated from this curriculum. As educators have come to a realization of the practical value of a thoughtfully planned and a wisely directed extra-curricular program in developing the moral-social side of the child's life, more and more thought and money has been given over to this new educational project.

In other words, educators believe that which Professor Bobbitt gave expression to, when he wrote the following illuminating paragraph:

> One's life is one's curriculum. What is not a portion of one's life cannot be a portion of one's curriculum. A certain portion of the whole may be taken and administered by the schools; but in so doing this is to administer but a part of one's total curriculum. Whatever one does, whether in school or out, is irrevocably moulding the man or the woman. Education is concerned with whatever shapes the development of the individual. The so-called extra-curriculum is a part of the actual curriculum; so sometimes the more important part.

If nursing education *is* education and, therefore, must perforce concern itself with the all-round preparation of the student for citizenship and for a fuller and richer and more complete life, not merely for a vocation, nurse educators must accept with other educators the unmistakable values lying within the extra-curriculum and provide as earnestly and thoughtfully for it as for the curriculum itself—"the so-called extra-curriculum is a part of the actual curriculum; sometimes the more important part."

There are, also, other pressing

reasons for the nurse educator to recognize the values lying within the extra-curriculum and these reasons concern themselves with the student nurse of today.

A Consideration of the Student Nurse Today

No person familiar with nursing school administration can deny that perhaps the most outstanding difference between the nursing school today and that of yesterday lies in the age of the student.

Twenty-five years ago the student nurse was distinctly *over* twenty years of age when she entered the school of nursing. Today she is distinctly *under* twenty. Each year has found a younger and younger student seeking admission to the nursing school. Each year dropped from the admission age has, in proportion, increased the problems and the responsibilities of the nursing school relative to its students. The student nurse of yesterday was a woman; the student nurse of today is a girl.

Not only is the nursing school of today called upon to wisely guide and direct youth and not maturity, but it finds itself with a youth more difficult to understand and to guide than youth has ever been before, or so we adults believe! The younger generation has always furnished much wise shaking of heads and doleful utterances from the older generation, it is true, but there is a real reason to believe that youth today is more difficult to handle, perhaps, than youth of a past generation.

We are indeed in a rapidly changing world today; a world of fast changing ethical and social standards. James has aptly remarked, "Our universe is wide open, the lid is off," and so it appears. That we are rapidly moving onward we will all agree; *where* we are moving seems to be less easy to agree upon. However, we must have faith that we are rapidly passing into a finer, fuller, and a better social order.

We are more aware of the change in youth than we are of other changes, perhaps, because youth is more noisy and more in evidence. It would be impossible in so brief a paper as this to attempt to analyze youth of today but it is essential to bring out two or three major points concerning this problem if we are to see more clearly the place of extra-curricular activities in the nursing school.

Youth today, it is commonly accepted, no longer accepts with blind obedience and apathetic acquiescence that which authority sees fit to order. The day has passed when, as Dr. Kilpatrick states, there is "an inactive and ignoble acceptance of authority from the mouth of an autocratic superior." Youth today is distinctly critical; it weighs religion, tradition, convention, curriculum—in fact, every idea, person and thing. Youth today is very frankly seeking its own life expression; it will accept nothing because its fathers saw it was good. It will accept no way of life or manner of living that it does not recognize as best.

At the same time, there has never been an age when youth was so coddled, so protected, or where the adolescent period was so extended. The prolonged school period has much to do with this for school indeed, as it has been said, "is a vacation from life." Parents and teachers alike seem to vie with each other in providing the youth with as much freedom in pursuit of pleasure as possible. Duty exacts little of youth today; all is his for the asking and he asks for much. This misguided kindness, for in truth it appears in the end to be

misguided kindness, merely postpones for the girl or boy that inevitable day when life *must* be met. And when life with its relentless demands descends upon youth it finds him ill prepared to meet it.

This prolonged adolescence of youth today and the freedom given him in many directions has developed a remarkable, and, to the older generation, a quite non-understandable product. Amazing sophistication on the one hand; amazing childishness on the other. Daring to say, to think, to question that which we would never dare to say, to think, to question; crumpling weakly, on the other hand, before life stresses and strains which we met unflinchingly, for we had had much practice in doing things we did not want to do.

The wise guidance of youth today is no easy task. Whoever assumes the responsibility of this task assumes much. All those who do attempt it will need all the advice, counsel and wisdom they can find.

Educators have found in the extra-curricular activity an invaluable aid in the wise guidance of youth. Nursing schools, because they have accepted the adolescent girl as a student nurse, must recognise the great responsibility that is theirs in the development of this girl into proper womanhood. It seems logical to expect that the nursing school will, in meeting this responsibility that it has assumed, with other educational fields, see the practical value in the extra-curricular program in the wise guidance and development of youth.

The Four Major Values in the Extra-Curricular Activity

UPON examination there would appear to be four major values to be found in the extra-curricular activity; namely:

I. It contributes greatly to the girl's normal, mental and physical development through, for example:
   (a) Providing normal satisfactions to such instincts or felt needs, such as the play spirit, gregariousness and the like.
   (b) Provides a proper and wholesome outlet for the girl's superfluous energies and teaches her better muscle control and coördination.
   (c) Makes her stronger physically through muscle development, etc.

II. It helps her master certain processes or mechanisms which make it possible for her to take her place in life more effectually, more easily and more surely; for example:
   (a) Teaches her self-assurance and poise when speaking in public.
   (b) Teaches her how to use her voice properly, to enunciate more carefully, and to speak a better and more correct English.
   (c) Teaches her the social amenities of life such as how to act properly and conventionally at a tea, a luncheon, a reception, etc.

III. It teaches her practical citizenship—through making her more aware of her relationships to her fellows, to group life, etc.

IV. It tends to build ethical character and promotes a spiritual outlook on life. In other words, to teach the girl how to live a higher, finer and a more noble life through an appeal to her finer sensibilities, in developing in her a keener esthetic sense.

Each extra-curricular activity will, perhaps, contain a little of each of these values; each will on the other hand, serve to emphasize one or more of these values in particular.

For example, in examining the six major forms of extra-curricular activities outlined in the Curriculum for Schools of Nursing, to wit:

1. Athletics.
2. The Arts.
3. Literature and Speech.
4. Social Activities.
5. Professional Activities.
6. Religious Activities.

We will find that athletics would be especially valuable in contributing to

the girl's mental and physical development through:

(a) Satisfying her play instinct and her love of companionship.
(b) Through providing a normal, wholesome outlet for youthful energies.
(c) Teaches her better muscle coördination.
(d) Makes her stronger physically through muscle development.
(e) Teaches her teamwork or social coöperation.
(f) Teaches her how to direct people, perhaps.
(g) Teaches honesty, truthfulness, how to be a good loser and a magnanimous winner, and the like.
(h) And might, if properly directed, develop her esthetic sense, etc., by bringing out the historic setting of athletics; for example, in relation to the Greeks.

As can be seen, an athletic program would touch on every one of the four major values but it would be particularly rich in Major Value I—the normal, physical and mental development of the girl.

Art and *literature* and *drama* would be especially valuable in developing the girl's spiritual outlook on life. The following striking paragraph appears in Dr. Willystine Goodsell's book, "Education of Women":

> A young woman who is not growing through her avocations and pleasures, as through her chosen work, to a true appreciation of beauty as well as to a broader and more sympathetic understanding of the mystery, tragedy, the possibilities of human life, is but imperfectly educated.

Arts and literature and drama must be included in the curriculum of the nursing school (as extra-curricular activities, of course) if the student nurse is to have a "growing life." Art, literature and drama will broaden her outlook on life, sharpen and deepen her appreciation of beauty and perfection and certainly stimulate what Benjamin Kidd has called, "the emotion of the ideal."

Again, the necessary brevity of this paper makes it impossible to go further into an explanation of what is meant by "the development of ethical character and spiritual outlook on life." It goes without saying that this topic which is the most difficult to analyze or to discuss is the most vital and the most far reaching of all the values discussed in this report. The "emotion of the ideal" is the most precious and rare of all human emotions, it is the motivating force which lifts man from the depths to the stars, so to speak. The girl can more wisely and easily be guided through an appeal and wise direction of her higher emotions than in any other way. Art, literature and dramatics, alike, if wisely directed bring the young mind in touch with the best in human thought; they bring to youth indeed, an appreciation of the "mystery, tragedy, the possibilities of human life"—through them youth will learn of social stresses and conflicts that never would be willingly learned through dry didactic methods in the classroom.

Matthew Arnold spoke for all youth when he wrote:

> "And through *thee* I believe
> In the noble and the great . . .
> Yes! I believe that there lived
> Others like *thee*.
> Not like the men of the crowd
> Who all round me today
> Bluster or cringe, and make life
> Hideous, and arid and vile;
> But souls tempered with fire,
> Fervent, heroic and good
> Helpers and friends of mankind."

The girl or boy needs little assistance to "dream great dreams." The "thee" spoken of may be a living hero or heroine, may be a dead historic personage, may be a character in book or drama. It is well, though, to stimulate them "to dream great dreams" and then to hitch these dreams to a dynamo of life activity.

In the fires of youthful imagination the greatness of tomorrow is welded and shaped.

No one can state with assurance what values lie in bringing youth's mind in touch with the great minds of the past either through drama, art or literature, but we all realize that youth deprived of such contacts will become but a shadow of the man or woman they might have been. Such potential force in the direction of youth's life and destiny cannot with safety be ignored. In the fourth major value in extra-curricular activities lies a challenge for all thoughtful educators and lovers of youth.

Social activities may be peculiarly valuable in teaching the girl how to take her place properly in certain social situations related to her professional or personal life. The nurse with her manifold social relationships must be familiar with the commoner social amenities of life if she is to function properly. Such activities necessarily can be learned only through the extra-curricular program. They must be considered entirely as a means to an end, not an end in themselves.

Professional activities, with student government as the major activity embodied within this heading, furnishes an ideal practice field for citizenship or the learning of *how* to live harmoniously and ethically in group life. Such activities certainly contribute much in the way of teaching the girl to have a keener appreciation of right and wrong. The student government idea is not new to nursing schools, but it would appear that considerable more thought and study should be given to it before it can be said to reach its maximum value.

A discussion of religious activities, their value, purpose, and direction would constitute, in itself, a complete paper. What has been said in relation to art, dramatics, and literature and the development of the spiritual side of the student could be told again at this point.

This report is meagre in some respects but enormous so far as the possibilities that lie in an extra-curricular program in the nursing school are concerned. Each activity, as it has been said, contains *all* the values mentioned in the four major values; but each one contains one or two special values in relation to the all-round development of the student nurse.

A League Study

THE National League of Nursing Education at the recent sessions, urged upon the Instructors' Section a program of study in relation to psychological examinations, vocational tests and the like. Those schools of nursing that have used or are using any such tests will be interested in knowing the use other schools are making of them and we feel sure they will give the committee their full co-operation in the study. The committee will need specific information concerning what has already been accomplished along these lines and what use has been made of the findings. Such facts and figures must come directly from the records of each school of nursing. In return for this information, the committee agrees to put its findings into the most usable form and to make it available for all who are interested.

For an initial study the committee needs the information that the questions below will give from every school of nursing that uses or has ever used psychological tests for student nurses. Please clip this out, fill in every blank, and send to the address given at the earliest possible moment or, if you prefer, write the answers on a separate paper and number them corresponding to the questions.

Address replies to Instructors' Committee, National League of Nursing Education, Box 220, 525 West 120th Street, New York, N. Y.

1. Psychological examinations have been used for student nurses in the School of Nursing connected with the .....
Hospital. City .....
State .....

2. The name of the particular test used was ..... (Give technical name of test, as "Army Alpha," etc.)

3. Records of test scores are on file for students who have since been graduated, for the following number of students .....

4. Are records of scores available for all those that did *not* continue training for any reason at all? .....

5. The person who conducted the test was a ..... (Give title as, Dr., nurse, instructor, licensed mental tester, etc.)

6. The use made of scores obtained has been as follows .....

.....

7. Name and address of person who would be willing to be referred to, in case further information should be necessary .....

.....

If you feel that yours is a peculiar case and that the above facts do not correctly interpret your situation, please write to us about it freely.

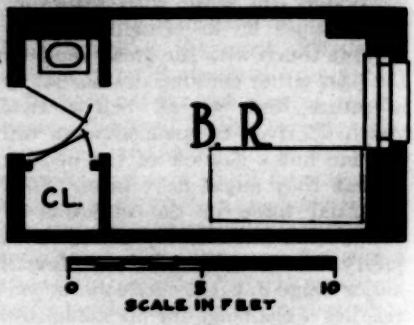
The League Calendar

JUST to remind you that the 1928 League Calendar is now on sale. Quoting from the calendar leaflet, "The 1928 League Calendar is a collection of 224 quotations, under such captions as courage, education, health, professional life, etc. Between its covers is found the wisdom of poets and philosophers from ancient down to the present time. Made up of quotations sent to the Committee by nurses, this calendar may in truth be said to express the philosophy of nursing."

The price of the calendar is $1.00 per single copy; 75 cents per copy on all orders of 50 or more delivered in one shipment. Send your order to National Nursing Headquarters, 370 Seventh Avenue, New York, N. Y.

A Correction

IN a manner which we greatly regret but cannot as yet fully explain, the captions to two of the illustrations for the article, "What Constitutes an Adequate Residence for a School of Nursing," by Alice Shepard Gilman, were transposed. We herewith reproduce the illustrations with the proper captions and with those portions of the article which describe them.—EDITORS.

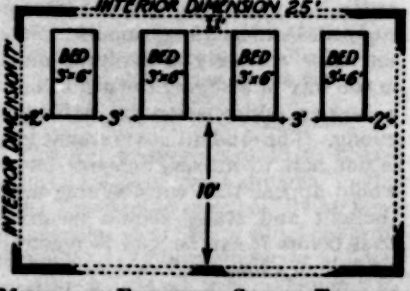


TYPICAL BEDROOM

Sleeping Accommodations. Sleeping quarters should be entirely segregated from the living and reception rooms. Where possible, entire floors or wings should be set aside for this purpose. Single rooms are essential. Some degree of privacy is a fundamental need of every individual. The very nature of the student nurse's work is such that her health demands rest and relaxation. When a room is shared even by two persons, these can rarely be secured. In a dormitory it is utterly impossible.

Size. 9 x 13 is the most satisfactory size for these rooms, including closet space, although a room 8 x 13 is acceptable.

The following diagram provides a method for estimating the proper size of the demonstration room in relation to the number of students in the school.



METHOD OF ESTIMATING SIZE OF TEACHING SUITE

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

The Annual Roll Call

APRIL, 1927, marked the tenth anniversary of the entrance of our beloved country into the World War. Nine years ago, November 11, the Armistice was signed. Amid ringing of bells, blowing of horns and waving of flags and other noisy manifestations, the country at large celebrated this momentous event. The American Red Cross at that time had 20,000,000 adult members. Twenty million persons had paid one dollar or more to become members of this great national organization. Considerable contraction after the war was inevitable. The adoption, however, of a peace program by the American Red Cross which included assistance to the disabled veteran, expansion of its rural nursing service under chapters, the course in Home Hygiene and Care of the Sick, Nutritional, First Aid and Life-Saving work, and Disaster Relief, implied the maintenance of an active organization. These activities were in harmony with its Congressional obligation of "mitigating suffering in disasters caused by natural forces or pestilence or engaging in measures for the prevention thereof." It hoped to maintain a correspondingly large membership. This, however, has decreased until it has rested in the neighborhood of 3,000,000 for several years. The unprecedented demands upon the resources of the American Red Cross by natural disasters, both at home and abroad, such as the Florida tornado, the Mississippi flood and the Japanese earthquake—have prompted the Central Committee to ask the chapters to enroll 5,000,000 members this year. There are about 3,500 chapters, consequently it should not be difficult to secure this number—one quarter of our war-time enrollment.

While the American Red Cross may solicit voluntary subscriptions for a big disaster, this money is used for the actual relief work, the organization assuming the administrative expenses and paying them from its reserve funds. The expenses are always very heavy, a nursing staff alone of several hundred, not to mention social workers, clerical staff, motor car service, etc., carried over long periods, eat deeply into the reserve funds.

During the last fiscal year the Red Cross served in seventy-five domestic disasters which involved twenty-five states, and extended relief in twenty disasters in foreign countries. In each of these seventy-five disasters the national Red Cross treasury supplied funds. The Florida tornado and Mississippi floods were so enormous that national appeals were made. Simultaneously with the Mississippi flood which was so huge that the others were overshadowed, the Red Cross was actively assisting with twelve others. The nurses of the country have always answered the call of the Red Cross. Thousands of them have served under its emblem. Thousands have enrolled in its Nursing Service and answered its annual Roll Call for members. We hope every nurse who reads this appeal will not only join, but carry the message to others. Among the readers of this department are many who are directing schools of nursing, hospitals, visiting nurse associations, registries, club houses, or are entering the home as a private duty

nurse; each has an unusual opportunity for interesting others.

It should not be difficult, in a country of 125,000,000 inhabitants, to find 5,000,000 who are sufficiently interested in the great relief work of the Red Cross, as well as its helpful and constructive program, to come forward and pledge their support. Come then, dear nurses, join together for the Red Cross belongs to each of us, in making this appeal for 5,000,000 members an actuality.

The National Director of Red Cross Nursing Returns to Her Office

THE International Council of Nurses again lured the National Director of Red Cross Nursing from her office in Washington, to attend a meeting of the Board of Directors of that organization in Geneva, Switzerland, July 25-30. It happens that she is also the First Vice-President of the Council, this being her primary reason for going, although the Interim Conference of Nurses which followed the board meetings was well worth the trip. Nurses will find in the August issue of the *American Journal of Nursing* an excellent preliminary report of the Conference, giving attendance, countries represented, program, social affairs and the more important resolutions and decisions.

Back at her desk, even though finding plenty of Red Cross work, she has had time to review those busy days and that which happened therein. So with the aid of her notebook and the assistance that memory is able to give, this department for some time to come will contain reference to one feature or another of this meeting, as well as descriptions of some institutions and places which were visited, before and following the Conference.

The little party of five American nurses, sailing July 15 from New York, included the present President of the American Nurses' Association, Miss Clayton; two ex-Presidents, Miss Noyes and Miss Eldredge; the Secretary, Miss Francis; and Miss Lawler, Superintendent of the Johns Hopkins Hospital School of Nursing. They arrived in Paris, July 24. Evelyn Walker, formerly Director of Public Health Nursing for the C. A. R. D. at Soissons and now Director of the Monmouth County, N. J., Health Demonstration, and Margaret A. MacGregor, formerly with the Child Health work of the American Red Cross in the Baltic States, crossed on the same steamer. All were Red Cross nurses and all were en route to the Interim Conference.

They were met at the station in Paris by Harriette S. Douglas, who is now the Medical Social Worker for the International Branch of the American Association of University Women, which occupies the building at 4 Rue de Chevreuse, the property of Mrs. Whitelaw Reid, now loaned by her to the University Women, where these travellers stopped for a brief period. Many nurses, especially Red Cross instructors, will recall with pleasure and affection Miss Douglas as formerly the National Director of the well known Course of Instruction in Home Hygiene and Care of the Sick. Those nurses in particular who were in foreign service will recall 4 Rue de Chevreuse, for it was the Headquarters of the American Red Cross in Paris for about four years. Prior to that it was Military Hospital No. 4 and prior to that, a club for art students, conducted by Mrs. Reid. While externally the place had not changed, internally there were many changes since 1920 and 1921. Instead of a busy office building, it is a club where about sixty American University women, many of them students, are living. Others

live outside and come in to meals. The garden is charming, flowers, vines and trees of most luxuriant growth furnish a delightful environment for afternoon teas and quiet conversation.

Instead of groups of nurses in complete uniform waiting for travel orders or return transportation to the U. S. A. there were groups of women, students and guests. One rather expected to see Miss Helen Scott Hay trotting about, for she never walked, from one office to another, or some of her assistants who had come in for conference—Mrs. Elsbeth Vaughan from the Baltic States; Sophie C. Nelson from Austria; Stella Mathews from Poland; Pansy Besom from Czechoslovakia; Lyda Anderson, or some one of the other Chief Nurses from the Balkans or elsewhere. With a start one remembered that it was a beautiful July day in 1927, and seven years had transpired since those thrilling days of immediate post-war activity.

Miss Douglas is a very busy person, for she not only looks after the general welfare of the club members, but any other students who may come to her. As she is a nurse, as well as a social worker, she ministers to their physical needs as well, and conducts a daily clinic in the detached building in the garden originally used as an operating room. One can appreciate what a really busy person she is, for to this clinic, alone, in the month of June came 740 persons. This was an average month for the active season, *i.e.*, October–July. The follow-up work, so essential in this type of work, is most exhausting. If one is familiar with the Paris apartment houses, usually without elevators, although rarely higher than five stories, one can easily appreciate the resulting fatigue. Miss Clayton and Miss Noyes, because they were due at a directors' meeting, Monday morning, July 25, leaving the others in Paris, went by night train to Geneva. Incidentally, a "sleeper" from Paris to Geneva is a most expensive luxury, costing $11. The train fare is additional, as it is not farther than Washington to Boston, for which the fare is considerably less. One can easily see why so many Europeans "sit up" if obliged to make a night trip. Asking a resident of France how they met the problem of night travel we received the reply that "It simply isn't done, so we travel by day." Needless to say, night travel was not popular thereafter with this American group.

Alice L. Fitzgerald Receives Florence Nightingale Medal

THE International Committee at Geneva, Switzerland, upon recommendation of the Central Committee of the American Red Cross, has conferred the Florence Nightingale Medal upon Alice L. Fitzgerald, a member of the American Red Cross Nursing Service.

The medal is awarded to "graduate nurses who may have especially distinguished themselves by exceptional devotion to the sick and wounded in peace and war." The awarding of such a medal was decided upon at the time of the Ninth International Red Cross Conference in Washington, in May, 1912, the bestowal of which was intended as the highest honor that could be paid a nurse.

Miss Fitzgerald was born in Florence, Italy; graduated from the School of Nursing of the Johns Hopkins Hospital and her first Red Cross work was done in connection with the Messina earthquake in 1908; prior to her enrollment in the American Red Cross Nursing Service in 1913. She was assigned to the British Expeditionary Forces as Edith Cavell Memorial Nurse, in 1917, and was transferred to

the American Red Cross in France, February, 1918. She was assigned to the Service de Sante, France, 1918–1919. This was a liaison service created for the purpose of looking after American soldiers assigned to French Hospitals. More than one hundred of these institutions were visited by Miss Fitzgerald and her staff of American nurses, many of whom spoke French. She was assigned as Director of Nursing of the American Red Cross Commission to Europe, May, 1919, and was released to become Director of the Nursing Service of the League of Red Cross Societies, November 17, 1919, from which she resigned in the fall of 1921. During this period she laid the foundation for the present International Course in Public Health Nursing at Bedford College. After her resignation from the L. O. R. C. S. she was appointed to the Philippines under the International Health Board of the Rockefeller Foundation, as adviser upon nursing to the Governor General. She was released from this service in the fall of 1924, returning to the L. O. R. C. S. in 1925, to relieve the Director of the Nursing Service. In the autumn of 1926 she was assigned by the Rockefeller Foundation as adviser on nursing to the Siamese Government in Bangkok.

Miss Fitzgerald has received many other decorations, including *Medaille de la Reconnaissance, Française*; British Royal Red Cross and Italian Red Cross Disaster Relief Medal.

Enrollments Annulled

THE enrollment of the following American Red Cross Nurses has been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled: Bessie McGregor Barlow; Mrs. Harry Bartlet, *née* Margaret Jones; Ida Beryl Cannedy; Gertrude Emogene Carrington; Lucy F. Conway; Jessie Gertrude Coon; Gladys J. Cooney; Mary M. Corbett; Sara Corbett; Ivalee Cowan; Frances Lillian Cronleigh; May Jeane Daley; Nell Dangel; Vinnie Danielson; Irene S. Davidson; Mrs. E. P. de Berry, *née* Faithe Margaret Springer; Clara M. deForest; Anna Bella Dick; Lillian Nevada Dickson; Mrs. Mary Louise Dixon, *née* Knudsen; Georgia Josephine Dodson; Lillian Josephine Doherty; Mrs. Evelyn Mary Drumheller, *née* McClure; Agnes Elizabeth Dunn.

Too Late for Classification

Georgia: To all the people of Georgia, but to nurses in particular, the recent legislation affecting nursing should be of interest. Supplementing the law already in effect, the new bill provides that all graduate and undergraduate nurses must be registered in Georgia while practicing in the state. After February, 1928, it shall be unlawful for a graduate or an undergraduate nurse to practice without a certificate. Nurses who have graduated from training schools with two- or three-year courses of instruction may apply for registration without examination, if they apply before February 1, 1928. After that time, graduate nurses must have three years of training in a chartered school connected with a general hospital where men, women and children are treated, or secure training in other institutions to supplement deficiencies. Each year, during January or February, every registered graduate or undergraduate nurse must renew her certificate to practice by securing a card from the Board of Examiners, giving her a renewal number. Undergraduate nurses are those who have had one year of training in a regular hospital school of nursing. Those who have not had this training, may not style themselves as undergraduate nurses. They may, however, practice as practical nurses. All applications must be sent to Jane Van De Vrede, Secretary, State Board of Examiners of Nurses for Georgia, 105 Forrest Avenue, N. E., Atlanta, Ga.

Maryland: The fall meeting of the MARYLAND STATE NURSES' ASSOCIATION in joint session with the Maryland League of Nursing Education and the Maryland State Association for Public Health Nursing will be held in Osler Hall, Baltimore, on November 3. The speaker for the occasion will be Mary Ayres Burgess, Ph.D., Director, Committee on Grading of Nursing Schools.

Personal Hygiene

By Marian Fox

Faulkner Hospital School for Nurses, Jamaica Plain, Mass.

"So you are going home, today, Mrs. Brown. Isn't that just fine? I just know you must be so happy and excited to start in on your new profession."

"My new profession, nurse? What do you mean?"

"Well to me motherhood falls in rank with the professions of 'today'—and I hope 'tomorrow' it will be made one—for mothers in general are 'a group of people with the idea of service, of serving God and their country by giving as perfect a specimen of manhood or womanhood' as possible, and, unlike a trade, motherhood is not entered with the idea of private gain. That sounds rather preachy but truly you have a big proposition ahead of you and one I know you are going to think intelligently about."

"Yes, I think you are right. Just now the health part seems to bother me the most. How am I ever going to have a 'perfect specimen of womanhood' as you say? Think of all the diseases my baby might have."

"That is just the point, Mrs. Brown. You are starting now with a clean slate. You have a healthy normal baby and are leaving here equipped with the knowledge of the daily care of your baby, its bathing, feeding and so on. Let's go on from there. You know of course the laws of cleanliness of body, the daily baths, clean teeth and this applies right through life; and you know yourself the sense of well-being one gets from them.

"You are going to be careful of her diet and remember all the food principles, especially that she will need good milk and plenty of it. That is going to keep away that bugbear, 'rickets.' Don't forget the daily bowel elimination. Just as soon as you can establish for her the daily habit, make as definite a time for this as a mealtime and it will be a lasting habit. And in her diet include the green vegetables, fruits, plenty of water and, of course, judiciously chosen sweets, vegetables and also the meats and fish with their protein content.

'And try to establish some regularity of outdoor exercise as soon as possible; you can do this in the form of recreation. If she is like most girls she'll just love a flower garden on the sunny side of the house, and you know that sunshine is a valuable tonic for all of us, and if you help and play with her, you too will benefit.

"Soon she will reach the adolescent stage and here you will meet your Waterloo unless you remember some of your own girlhood problems. She will need all the friendship, love and understanding you can give her, and a careful supervision of her activities if she is inclined to be athletic.

"Then, too, her posture! If you can have her stand correctly, and sit correctly you can avoid many of the usual "mother worries" of constipation, one shoulder at an off angle, and a generally poor appearance. If she has a good posture, and I can't

emphasize this too much, she is going to be more alert mentally and have a fine appearance, which is really what beauty is, besides having all her organs in the proper place and they cannot help functioning as they should.

"These are the days of sensible styles and fashions, but if you will remember that to have her clothes hang from her shoulders, corsets only to fasten her clothes on, not to draw her body in, and shoes that fit the outline of her foot, it will mean a great deal. Probably, like most girls, she will want to wear silk "undies" in zero weather and both you and I know that that is when we need our bodies externally heated by warm clothing, and internally by warm foods.

"Later she is going to be interested in more recreation, and if you can wisely help her choose it, you can give her a normal amount of exercise at the same time with tennis, skating, dancing, swimming, and do you know that the very same things would be good for you too?

"Do see that you both get a proper amount of sleep. You know that varies with human beings, but you do need at least eight hours, daily.

"I feel sure that if you religiously visit your dentist and doctor every six months and each have a good physical and dental examination, you will eliminate most of your health troubles—for so many unfortunate complications start from an abscessed tooth or bad tonsils. And just don't worry about the children's diseases; if she has her immunity inoculations for typhoid fever, smallpox, diphtheria, etc., and you follow all the rules of good health, her own endurance will be immunity for her, in itself."

"If I can only remember all that myself, nurse, I am sure we will both be healthy and happy, but it seems so much—"

"Perhaps it does, Mrs. Brown, but, as I say, if you just go about it intelligently and make your baby's and your health *your* profession and when you do find a hard road ahead, just talk it over with your doctor and your district nurse, I'm sure you'll come out on top."

A Correction

"Insulin" and "Iletin." In the October JOURNAL, page 833, "A Lesson Plan," the author has reversed the names of the two substances—"Insulin" and "Iletin." The University of Toronto calls the product "Insulin," while Lilly's trade name for Insulin is "Iletin."

Too Late for Classification

Delaware.—The next examination for registration of nurses in Delaware will be held at 9 a. m., Monday, December 5, at the Homeopathic Hospital, Wilmington. All applications must be in the hands of the Secretary, Mary A. Moran, 1313 Clayton Street, Wilmington, not later than November 25.

Pennsylvania: Pittsburgh. — There will be a homecoming for all of the West Penn nurses at the West Penn Hospital, November 17. The afternoon and evening will be devoted to the entertainment of the classes. Any person who has not received a formal invitation will please accept this announcement as an invitation. Come and meet your friends.

Wisconsin.—The next state board examination for registration of nurses will be held on November 29 and 30 at the City Hall, Milwaukee, and at the Court House, Ashland.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the names and addresses of the authors, though these need not be published.

A Rare Book Wanted

HOW can I obtain a secondhand book, "Florence Nightingale's Talks to Pupil Nurses"?

Anna M. Holtman.

Lutheran Hospital, Fort Wayne, Ind.

A Warning from Florida

DUE to the fact that the Official Registrar is receiving many requests from nurses who are coming into the state, for places on the Official Registry, we feel that it is only just to those nurses coming from a distance seeking employment, that we ask them to first communicate with either the State Secretary or with the Secretary of the District to which they would go, and ask the status of nursing work in the community. So many of our own nurses have been without employment a greater part of the year that it is seriously doubtful whether a strange nurse coming into this community would find the desired employment. District 2 does not care to appear inhospitable but feels that it is just in making this statement.

A District Secretary.

Jacksonville, Fla.

A Severe Ordeal

[The following case record was sent in with the hope of encouraging other distracted mothers to adhere to the treatment outlined by the doctor.—Ed.]

IN July, 1923, a seven-year old child drank solution of Lewis lye strong enough to burn her mouth and throat very severely. One cup of cider vinegar (diluted) was given immediately, followed with 20 ounces of olive oil in tablespoonful doses at 5-minute intervals, which produced vomiting; then one cup of black coffee was taken and retained. Within six hours she was greatly emaciated and suffering severe pain in throat and stomach, had a temperature of 103 degrees, rapid, irregular pulse, difficult respirations. This condition lasted ten days, during which time she was placed on a very light diet. Medical care consisted of a throat spray of olive oil every two hours and sassafras bark to chew several times a day. At the end of the second week she regurgitated nearly all nourishment, which was liquid at this time. The contractions of the esophagus were spasmodic, so occasionally she was able to retain a small amount. Rectal feedings were given every three hours from August 14 to August 23. On August 24 she was brought to the Mayo Clinic at Rochester, Minn., weighing 23 pounds and very weak. She was put to bed immediately, placed on liquid diet and fine thread started. On August 31, she had the first dilation of esophagus; also on September 7 and 21. By September 24 she had gained 23 pounds and felt quite strong, so she entered school. The esophagus was again dilated every few weeks until September 1, 1925, when she had the last dilation with no difficulty.

From August 31 to September 21, 1923, her nourishment was yolk of 12 eggs a day, given one every hour during the day; she was not awakened at night. She was then placed on general diet between dilations, soft diet in liquids while working on thread, and for 24 hours following dilations. She suffered a slight reaction following the first three dilations, carrying a temperature of 101 degrees, rapid pulse but good volume, respirations normal. Her case was never discussed in her presence and children at school were not allowed to mention it to her. She is now perfectly normal in every way.

C. M. C., R.N.

Minnesota.

"Journals" Needed

ELSIE B. CANTWELL, Methodist Episcopal Hospital, Philadelphia, wishes the following copies of the *Journal:* 1900, October and December; 1901, January through May, October through December; 1902, all except July and August; 1903, January, February, April, May, August, September; 1904, June, July, September through December; 1905, February, March, May, October, November; 1906, July, August, November; 1907, May through July, October through December; 1911, October, November; 1912, February, May, June, August, November.

Elizabeth D. Runge, Librarian, University of Texas, Medical Department, Galveston, desires the following: 1900, December; 1903, December; 1904, July, September through December; 1905, April; 1906, January; 1911, September, December; 1912, February, March, October through December; 1913, January; 1914, October through December; 1917, February, May.

Clinical Congress of the College of Surgeons, Detroit, Michigan, October 3, 1927

"SHOW me the hospital and I will show you what kind of a city you have," said Dr. W. W. Chipman of Montreal, in opening the tenth annual Hospital Standardization Program of the College of Surgeons. He further stated that the improvement in hospitals is the greatest single achievement of the College; a matter of greater moment than is generally understood, since one person in every ten avails himself of hospital care each year at an expense of $1,000,000,000. Dr. Chipman, in his presidential address, made a strong plea for retaining the essential relationship between medicine and nursing, and asked his audience to "consider not so much the petty difficulties that beset us as the space that lies above us for progression."

Dr. Franklin Martin, the Director General, spoke of the development of the standardization program. This grew out of the desire to improve the environment in which surgery is done and out of the difficulties of the College in passing on applicants who were required to offer one hundred case records. In many cases it was impossible to secure them because of the lack of hospital facilities. Based on obvious needs, the leadership of the College has been accepted by the three national hospital associations, the American Medical Association, the schools of medicine in the United States and Canada, and the federal medical services. At the present time a standard of equipment, which has been requested, is being worked out.

Joint Conference—Medical and Nursing Professions

THE joint conference was, from a nursing point of view, a major event and about two-thirds of the audience, which numbered about eight hundred, were nurses. Dr. Chipman, the President of the College, presided and Rev. C. B. Moulinier, S.J., President of the Catholic Hospital Association, gave the inspirational opening address on the "Art of Nursing." Father Moulinier is an ardent exponent of "higher education" in nursing and most eloquently developed the idea that our aim is the "artist nurse," the nurse who does her work beautifully. In order to have more artist nurses, it is necessary that they be given a basis of science, because all art must be based on truth and nursing can be no exception.

Dr. George W. Kosmak, Editor of the *American Journal of Obstetrics and Gynecology*, and a member of the New York State Medical Association Committee on Nursing, read a paper on "The Fundamental Training for Obstetrical Nurses." Dr. Kosmak believes that there is too much medicine and too little nursing in the present-day curriculum and cited various examination papers to prove his point. He would have a basic curriculum developed after groups representing all the specialties had come together and determined upon the elements from each which would be essential to the whole. He closed with a plea for the coöperation of all the groups concerned in working out a "basic course."

The major speech was that by Dr. May Ayres Burgess, Director of Study of the Grading Committee. Dr. Burgess spoke for one hour, illustrating her lecture with some of the charts previously shown at the National League of Nursing Education meeting in San Francisco and already published in the *Journal*, and some giving new data, of which those published in this issue of the *Journal* are an example.

In discussing private duty nursing, Dr. Burgess presented the following analysis of the personnel of private duty groups as they exist today. Readers are reminded that this is a study of the whole field and not merely of those who may rightfully be called professional.

(a) Some of the finest women in the profession who select private duty because they love it.

(b) Many young girls who have gone into private duty, not because they love it, but because they are attracted by the high initial earnings.

(c) Most of the women who are not eligible to public health positions or institutional supervisory jobs.

(d) The free lance individualists, the poor sports who resent any form of group activity, because they want to be their own masters.

(e) The incompetent, the stupid, the graduates from schools so poorly run that they are not schools in fact at all.

(f) Graduates of correspondence-school courses in nursing.

(g) So-called "practicals," students who failed or were expelled from training school; servant girls who see in private duty a chance to raise their social standing and who, in some cases, have never been in a hospital; women who have been maids in hospitals and have picked up a smattering of nursing technic.

"Private duty nursing under the soundest conditions is a most irregular life, making heavy demands upon the health of its workers. Even the nurse who tries sincerely to work steadily, to render good nursing service, and to keep professionally alive, begins to find after a few years that she is no longer an effective physical machine. She is obliged to take extended periods of rest between her cases. Her annual earnings begin to decrease, and she is well started upon the long downward road of private duty, where no matter how earnestly she tries to retrieve her fortunes she grows less able to carry the work, and less desirable in the eyes of patients, doctors and hospitals, and her capacity for earning decreases every day she lives."

Dr. Burgess reminded her audience that the Grading Committee is only at the threshold of its work but suggested that "some improvement of existing conditions may perhaps come":

1. Through a more careful selection of applicants for training schools, so that only women of fine intellectual and moral fiber and with a reasonably good educational background will be permitted entrance to the nursing field;

2. That hospitals, doctors, and nurses get together to consider the possibility of establishing centralised professional registries of a new and highly efficient, modern type, which will specialize in the intelligent administration of nursing service to meet community needs;

3. It would seem entirely reasonable to suggest that the private duty nurses themselves might well consider the possibility of gathering into small local groups, under competent leadership, in connection perhaps with the local professional registries, so that the old free lance distribution might be supplanted by some form of modern nursing staff, doing for the private duty field what public health nurses and institutional nurses are now doing, through staff assignments, for their two fields."

The address closed with the suggestion that *"the most helpful contribution which the medical profession could make at this time, would be to demonstrate their conviction that private duty nursing is worth while.* If every doctor would ask each nurse for her credentials, and show that he feels it important to choose well qualified people; if he would take the time to discuss with her the kind of nursing care his case needs; if he would call for detailed reports on what she has observed, and hold her to a high standard of observation and recording, he might have to exercise some patience, but he would be a tremendously effective means of raising the quality in private duty." And, finally, if every doctor would make a special effort to report upon those outstanding cases where the work of the bedside nurse was an important factor in saving the patient's life, nurses in public health and hospital administration would begin to regard bedside nurses as their equals and the result would be definitely beneficial for all concerned.

Round Table on Nursing Problems

FIVE excellent ten-minute papers were presented. The first was a brilliant and witty presentation by Shirley C. Titus, of the University of Michigan, of the "Preprofessional Education of the Nurse," a subject which she feels rouses an interest on the part of persons outside the profession that has no parallel in other professional fields. "The reasons why certain physicians do not look kindly on the nursing profession's desire for a minimum educational standard" Miss Titus stated as follows:

1. The physician believes such a standard will reduce the enrollment in the nursing schools.

2. The physician feels that the more education the nurse has, the more independent the nurse becomes and the less satisfactorily she is likely to meet his needs and that of his patients.

3. The physician sees in the more highly educated nurse a possible competitor.

4. The physician sees in the more highly educated nurse a potential judge.

Believing that the attitude of that portion of the medical profession which opposes the better preparation is misinformed, Miss Titus summarized her admirably developed points by saying, "We nurses have every reason to believe that a proper educational standard, four years of high school work, as a pre-requisite for entrance to the nursing school, will really increase the total number of young women who enter nursing as well as improve the quality of nursing. We want the help of the medical profession in bringing about this desirable state of affairs; I sincerely trust we may soon have it."

Minnie H. Ahrens, Secretary of the First District of the Illinois State Association, spoke on "Central Registries" and laid down the principles which must control such activities and begged for a more personal interest in the nurse on the part of physicians.

"State Requirements" were discussed by Adda Eldredge. Citing the actual requirements of the state laws, Miss Eldredge pungently stated that it "would take a pessimist

as to the value of education or a rank believer in no education to feel that present standards are too high." Reminding her hearers of the actual amount of medical representation on State Boards of Nurse Examiners, Miss Eldredge concluded, "It would seem that state standards are not high and that the requirements for nurses are not arbitrary in most cases but in answer to the second question, that the medical profession and the hospital should not only have a greater share in making state standards but should take a greater responsibility as to their enforcement."

"Group Nursing" was the topic assigned Janet M. Geister, who discussed the cost and distribution of nursing in terms of economics, with emphasis on the inevitably high cost of any service requiring large turn-over. She advanced the following principle as a basis for discussion in formulating group nursing plans:

1. The hospital organizes its own graduate nursing service with a possible reserve staff (in coöperation with the local registry) for unforeseen emergencies. The hospital, free to select its own staff and set its standards of work, is responsible for this nursing work.

2. This nursing service is distributed to the patients in the quantity and quality the doctor feels is necessary for his patient, one nurse to three or four patients.

3. The nurse is employed by the hospital. She is assured regular employment, regular hours for rest and recreation and, we hope, a reasonably shorter day than, under present circumstances, is possible.

Miss Geister stated the advantages of group nursing to be: "The furnishing of an adequate nursing service with a diminished number of special nurses; financial saving to the patient; steady employment for the nurse in the group system, regular hours of duty, rest and recreation; greater stability and permanence of the nursing staff and promotion of order and regularity throughout the hospital.

In closing, Miss Geister reminded her audience that we cannot now predict the final form which group nursing will take and that an experimental attitude of mind is essential on the part of administrators, doctors, and of the nurses themselves.

Jane Van De Vrede, Executive Secretary of the Georgia State Association spoke ably and well on "Coöperation between the Medical and Nursing Professions." No one could be better qualified, for in Georgia the two professions really do coöperate, a splendid goal reached after many conferences which led first to tolerance and then to understanding of such high order that the doctors helped to pass the nursing legislation recently secured in Georgia.

Trustees' Section

ONLY one nurse appeared on the program of the Trustees' Section, Mary C. Wheeler, Executive Secretary of the Michigan State Nurses Association. She spoke effectively and to the point on the relationship between the superintendent of nurses and the board of trustees and with great emphasis on the importance of well-prepared nurses for these positions. She reminded her audience of the futility, however, of placing high grade nurses under poorly prepared hospital superintendents.

Reports of the meeting continue to flow in. The College of Surgeons has again demonstrated the importance of presenting both sides of the problem to its members. The results of such conferences are rarely immediate, but they are none the less far-reaching.

The American Protestant Hospital Association, Minneapolis, October 8–10

THE seventh annual convention of the Association opened most auspiciously with delegates from Canada and thirty-one states. The program was well planned, practical, stimulating and some of the meetings were marked by a quite striking spirituality. The President, Robert Jolly of Texas, a most capable and informal presiding officer, was singularly successful in securing the participation in discussion of a large part of each audience. For a formal presidential address he substituted a very pleasant Rotarian sort of "getting acquainted."

Dr. Frank C. English, Executive Secretary, omitting a trite report, spoke on the "Purpose of the Association." Since 97 per cent of Americans believe in a supreme being, he believes there is strong reason for carrying the spirit of Christianity into the hospitals which are places of life and of death. Dr. English was emphatic in stating that the church hospitals should be run, not for profit, but for the

purpose of putting humanity on its feet. He stated five specific aims: (1) Provision of a school for hospital executives, because the Protestant hospitals spend $30,000,000 yearly and need administration of a high order; (2) research—study of such matters as "provision for the temporarily insane in Protestant hospitals, the care of incurables, etc.; (3) provision of an endowed nurse service, *i.e.*, a fund for special-duty nurses for those who need but cannot pay for them; (4) endowment for hospitals for middle-class patients; (5) standards of equipment and methods of securing it.

The Secretary reported that abstracts of all speeches had been released to the Associated Press well in advance of the meeting. For the first time in its history, a complete report of the convention will be issued to the members.

The Program

THE plan of having twenty-minute papers, followed by twenty-minute discussion, was most admirably carried out. Mr. Jolly and those who assisted him in the arduous duties of presiding were surprisingly successful in securing general discussion of a practical nature.

Albert J. Hahn of Evansville, presented a provocative paper on "How Much Ought a Hospital Do for Its Employes and Student Nurses?" which was obviously based on careful study of prevailing practices. His conclusion was that any system adopted should be administered with "consecrated common sense." Discussion was lively on the length of student-nurse vacations which vary, in the hospitals represented, from two to four weeks per year. The writer advocated three weeks. He advocated unlimited sick leave, the time, of course, to be made up, and the allowance to be stopped at the end of three months.

He believes that supervisors generally should have a two weeks' vacation with pay, unlimited sick leave (without pay), and that they should have a 25 per cent discount for hospital care during illness. Discussion raged around this point. It was pointed out that no other type of institution, commercial or otherwise, would think of *giving* its commodity, whether hardware, groceries, or what not, to its employees, although it is quite customary for them to allow generous discounts.

Spiritual aid might be provided through the organization of suitable groups of "Big Sisters" in the community. Physical needs may be supplied by well-equipped gymnasia, use of Y. W. C. A. equipment, and by the provision of good food and regular hours. The writer mentioned monthly parties and hospital bulletins as means of satisfying social needs. Methods of stimulating educational programs among employees, and the provision and use of professional magazines were suggested. Mr. Hahn believes that group insurance is a most successful method of holding personnel.

The paper by R. S. Williams of Minneapolis on "How to Finance Hospitals" was devoted chiefly to a discussion of support through annuities and of support through life and sustaining memberships, the latter having not only financial value, but also providing a large body of informed friends.

L. G. Reynolds of Los Angeles in "What Does the Administrator Administer?" presented a brilliant study in practical idealism. Three points are applicable to any administrative problem: (1) The administrator must not allow himself to become bogged in a mass of petty detail; (2) show department heads what the *little* savings total; (3) avoid an attitude of aloofness toward personnel; (4) the administrator should attend all Board meetings and may even act as secretary and Treasurer for the Board.

Thoroughly practical and detailed papers were read by Mrs. Margaret Marlowe on the "Culinary Department" and on "Housekeeping and Upkeeping Departments" by Carolyn E. Davis of Seattle.

The banquet, always a delightful feature of the meetings of this Association, was presided over by Mr. Jolly in his usual effervescent fashion. The program was interspersed with music by a student nurse glee club. A paper on the "History of Episcopal Hospitals," written by Barbara Williams, R.N., was read by Rev. Jno. Martin of St. Barnabas Hospital, Newark, N. J. The address of Dr. Malcolm MacEachern of the American College of Surgeons has already appeared in *Modern Hospital* for October. Stating that church hospitals have more control over their own destinies than any other hospitals, he urged a further extension of the standardisation movement and enumerated the qualifications of a Class A. hospital, although the college has not yet made any grading except "Approved," "Conditionally approved" and "Non-approved." He reminded his hearers that a standard is the latest and best way of doing a thing and is dynamic. Setting a standard need not destroy initiative, because the good hospital constantly works toward a better procedure.

Sunday was spent largely in devotional exercises. The afternoon experience meeting,

which is a highly prized feature of these meetings, was largely attended by a deeply reverent audience. The various sectarian groups met and formulated resolutions later presented to the whole organization. On Sunday night, Bishop Wise of Topeka, Kansas, addressed the delegates.

At the closing session, Dr. May Ayres Burgess gave one of her fascinating chart talks on "The Education of Nurses." She gave the results to date of the study of the Committee on Grading Schools of Nursing on "What the Doctors Want," "The Educational Background of Nurses," "What the Future Holds," and in clear-cut unbiased fashion showed the true economic condition of nurses today. She summarized her discussion as follows:

"If the hospital can take these five constructive steps: Careful selection, higher entrance requirements, the improvement of general floor duty, better education for the student, and public support for the school—then we can look forward to the day when every training school will be the pride of its community, and the training-school hospital will stand, not only as a refuge for those who are sick, but as a great educational institution, sending out each year its quota of keen minded, highly skilled, cultured Christian gentlewomen, to carry on the Nightingale tradition."

No paper brought out livelier discussion. A resolution to seek the appointment of a national board of nurse examiners with representation from the hospital administrative group was, after due consideration, withdrawn until the Grading Committee has proceeded further with its studies.

The paper on "School of Nursing Accounting," by Dr. J. Stewart Hamilton of Detroit, laid down some of the fundamental principles for school of nursing budgets. Referring to the report made on this subject at the National League of Nursing Education, in 1924, he urged that budgets be started by setting up accounts under appropriate headings. He implied that any budget plan should be based on careful conferences between the director of the school and the Cost Accounting Department. A daily inventory was recommended. He spoke briefly on the value of psychometric examinations of students, believing that it provides a way of eliminating the unfit and thus a saving of expense to the school.

Discussion brought out the fact that many schools have increased the number of students *by raising entrance requirements*. Discussion also showed the very wide variation in student allowances, which vary from $25.00 per month given the student to the collection of tuition fees from students.

Rev. Herman L. Fritschel of Milwaukee became President and Rev. J. H. Bauernfeind of Chicago was made President-elect of the Association.

American Hospital Association, Minneapolis, October 10–14

FROM a nursing point of view, there were two outstanding features of the Convention which was held in the magnificent new Municipal Auditorium with 2,000 to 3,000 persons in attendance. These were the program of the Nursing Section and the Exhibition.

No convention was ever planned with more careful attention to detail nor have any cities responded more unanimously and wholeheartedly to the claims on their hospitality. All institutions in the Twin Cities and in Rochester kept "open house." Clubs seized the opportunity to secure speakers on hospital topics for luncheon and other meetings and, in short, no possible opportunity was lost to further the interests and the pleasure of the delegates. Dr. Richard Olding Beard, and his committee of one hundred, deserve the warmest appreciation for their successful efforts. It was characteristic of the "singing city" to greet its visitors on the opening night with music by the Women's Auditorium Chorus of 500 voices.

The banquet, held in the Flame Room of the Radisson Hotel, attended by almost 1,000 persons, was the largest in the history of the Association. The President, Dr. R. G. Brodrick of California, was flanked on either side by a number of past-presidents of the Association. Of these, Daniel Test of Philadelphia made a wise and witty speech of reminiscences and prophecy; others spoke more briefly. Distinguished guests from Australia, Cuba and Colombia were presented to the assembly. Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*, made one of his scintillating, rapid-fire addresses which

was a blend of witticisms and of his oft-stated, and quoted, beliefs about the practice of medicine and the conduct of hospitals. His subject was "The Hospital and the Community" and he stated bluntly that the attitude of the public toward the hospital is one of the major problems of today.

His chief concern is with the "upper middle-class" although the lower middle-class, "which supports quackery and cultism" so extensively in an effort to avoid the higher costs of hospitals, and which is "installment-ridden by its luxuries" came in for some attention. Condemning the wastefulness of much of the solicitude for the sick, Dr. Fishbein recommended that utilitarian gifts, such as bottles of rubbing alcohol, were more in keeping with the means of such patients than the lavish gifts of flowers with which they are often surrounded.

Dr. Fishbein roused the ire of some of the audience by stating that hospital costs had risen 150 per cent in the last fifteen years, whereas the cost of living has risen about 65 per cent. At a later session, Asa Bacon of Chicago stated that the cost of the patient had increased 65 per cent, whereas the cost to the hospitals had risen 175 per cent, since 1913.

This is due, according to Dr. Fishbein, to the increased care of therapeutic equipment; but according to Mr. Bacon, the rise in all salaries had been a principal cause.

"Sympathy has dominated reason," said Dr. Fishbein, remarking that because a man of moderate means becomes ill is no reason for him to think he is entitled to Rockefeller service.

Stating that he hadn't time to discuss nursing service, Dr. Fishbein announced that the education of nurses had progressed beyond bounds of need, except for teachers, supervisors, and administrators. He made no effort to support the statement.

In closing, Dr. Fishbein said that it is impossible for a hospital to pay dividends if it gives real service and concluded with, "The word 'service' has been more abused of late than any other word in our language, unless it be 'message,' but my message, I would emphasize, can be included, unfortunately, only under one word *service*."

The Nursing Section

THE program of this section, of which Ada Belle McCleery was Chairman and Bessie Baker, Secretary, attracted the largest audience of the week. This was due partly to the cleverness of the Minnesota State Nurses' Association, which was in session, in planning for the attendance of its members and to the intense interest in the material presented.

In opening the meeting, Miss McCleery stated that although there had been much criticism of nurses and nursing in the past few years, what the world had really been talking about was the patient. This thought was carried out in the two topics on the program: "Group Nursing" and the "Studies of the Grading Committee."

A symposium on Group Nursing was presented by a superintendent, a doctor, a patient and a nurse from St. Luke's Hospital, Duluth, where the plan is in operation in two units of six beds each. In each unit, three nurses are on twelve-hour duty, two on day and one on night duty. They have two hours, in addition to the usual mealtimes, off duty, during the day, four hours off duty on Sunday, and a half-day every other week. They rotate on night duty, having four weeks of day duty to two weeks of night duty. Salaries are $4 per day, with meals and laundry in addition. Additional help is provided by floor nurses when needed. From the administrative point of view, it is essential to secure the interest of the staff in advance of attempting such an experiment and to explain the system carefully to the patient admitted to a unit. The chief administrative disadvantage is the necessity for transferring patients when they go off group care. An effort is made to avoid having too many acutely ill patients in a unit at one time.

The surgeon cited the advantages as (1) it furnishes adequate care for all but exacting cases which should be transferred; (2) it is a method of reducing the cost of superior nursing service; (3) it is satisfactory to both surgeon and patient if the plan is thoroughly understood in advance.

The patient's "testimony" was strikingly in agreement with the surgeon's.

Alice Hopland cited the advantages and disadvantages, as a nurse sees them. The advantages are regular income, regular hours with freedom to plan for social activities, dignity of being attached to the hospital, freedom from worry about collecting salary, great interest in having several patients, instead of one. Some of the disadvantages, in the system described, were stated to be: (1) Difficulty and confusion of transferring patients; (2) the danger of having too many very sick patients at one time; (3) the hours are too long and nurses should have one full day off each month. But, with its disadvantages, Miss Hopland believes it to be a service

holding real interest and satisfaction for true followers of Miss Nightingale.

In discussion, Asa Bacon, who has not tried Group Nursing, spoke of having endowed nurses for special duty for very sick ward patients, an endowment being an amount sufficient to produce an amount of interest equal to the salary of one nurse for one year. It was comforting to have Mr. Bacon come out strongly for the principle that it is the duty of the hospital to provide adequate care, without extra charge, unless the patient is able to pay for special duty nursing.

Dr. May Ayres Burgess, though hampered by the difficulty of speaking through a microphone while giving a "chart talk," kept her audience asking for "more" of the intensely interesting statistics gathered by the Grading Committee. Although part of this material has appeared in the *Journal*, it came with fresh force and interest as presented by Dr. Burgess with quotations from the replies to questionnaires, interspersed in explanation of the charts. Nothing else in the entire week left such a deep impression as these studies which are examples of the sort of facts we may continue to expect for some time yet from the Grading Committee.

The Exhibition

NEVER has the Association staged so enormous nor so attention-arresting an exhibit. Some three hundred and fifty educational organizations and commercial firms had displays, some of them so extensive as to require three and four booths. Hospital machinery in all its complexity and infinite variety and a display of china in which the process from the potter's wheel to the beautiful finished product was shown, alike attracted streams of visitors. Furniture to suit all tastes and prices, floor coverings of every description, and surgical and nursing supplies were there in profusion. Linens and blankets, uniforms and other hospital garments, ranged side by side with an endless variety of attractive food products which were freely sampled. There was even a complete laboratory for a hospital of 150 beds.

Among the educational exhibits, that of the Grading Committee with its elaborate display of charts, attracted constant groups of visitors, while the booths of the three national nursing associations, of the American Medical Association, and of the College of Surgeons, were busy places. It is one thing to be told of the number of non-accredited schools of nursing in the country and quite another to see a pin map in the booth of the American Medical Association showing graphically how many such places there are, needing help.

All day and every day, those who are putting up new buildings studied equipment; they compared quality and prices, and were able to place orders in an efficient fashion quite impossible in any other way. Others collected samples and data for future use. Instructors and others haunted the booths of publishers and purveyors of teaching equipment.

It was interesting to observe the astonishment of the groups of student nurses who utilized off-duty time to visit "the show." They were well advised, for the educational values of such an enormous aggregation of technical and educational equipment is truly imposing.

The Eastman Kodak exhibit, where motion pictures of the processes of digestion were shown, gave evidence of the enormous possibilities for the use of motion pictures in classrooms, both of medical and of nursing schools.

The Small Hospital Section

THE program of this section always attracts a large audience. Mary Yager of Toledo, Ohio, was chairman again this year. In a remarkably able and spontaneous fashion she handled the session in round-table fashion, and secured maximum participation from her audience. Two papers on staff organization were presented by Mrs. Dessa Shaw of Ohio and by Mr. Curtis of California. Other practical problems, such as the salaries and duties of nurse anesthetists, methods of admitting patients in small hospitals, and methods of collecting bills, were submitted for searching analysis.

National Hospital Day Award

THIS coveted honor went to the John D. Archbold Memorial Hospital, Thomasville, Ga. In accepting the award, the Superintendent of the Hospital, Col. H. S. Berans, said that he "had greedily absorbed every idea which would help him to stimulate, in an ethical manner, community interest. He had secured, in his small town, the cooperation of thirty-seven business firms, twenty-five window displays, twenty articles in the newspapers, and seven firms had decorated floats.

A New Magazine

ONE of the most important matters brought before the convention was the desire of many of the members for a magazine

controlled by the Association. This desire, presented as a resolution, was formally acted upon and accepted by the Association. This is a direct outgrowth of the *Bulletin* so successfully conducted by the Association this year. The appearance of the new magazine will be awaited with keenest interest.

Insignia Adopted

FROM many designs submitted, one was chosen representing a shield divided into quadrants by a Lorraine cross. The four quadrants contain, respectively—the caduceus, a Maltese cross, a white cross on a red ground, the reversal of the Red Cross, and the lamp of knowledge.

An International Convention

FOR the past year, the Hospital Association has been deliberating on the possibility of an international meeting. This culminated in a meeting in Paris, France, in September, at which twenty-six men and women from eleven countries were present. As a result, an international hospital meeting will be held in this country, in 1929, in a city, it is to be hoped, not too distant from Montreal, in order that international delegates and our own members may attend with the hospital and the nursing internationalists.

The next regular meeting of the American Hospital Association will be held in San Francisco in August, next year, and plans for a post-convention tour to Hawaii are already under way.

With the close of the meeting, Dr. J. C. Doane of Philadelphia becomes President of the Association and Dr. Louis H. Burlingham of St. Louis, President-elect. Other offices are: First vice-president, T. O. Bates, Charleston, S. C., second vice-president, Louise M. Coleman, Boston, Mass.; third vice-president, Dr. Frederick C. Bell, Vancouver, B. C. Asa Bacon, of Chicago, as usual, was elected treasurer.

Simplification of Textiles

Hospital and Institutional Textiles to be Simplified Following General Conference

MANUFACTURERS, distributors and users of hospital and other institutional textiles met under the auspices of the Division of Simplified Practice, Department of Commerce, on June 10, for the purpose of considering recommendations along simplified practice lines for textiles used in the institutions. From ten to sixty varieties of each various hospital furnishings were discussed and reduced to one or two each. This will, it is believed, bring about greater economies for the institutions in making future purchases.

A. E. Foote, simplification specialist of the department, presided during the meeting, assisted by Margaret Rogers of the American Hospital Association. The association had conducted a two-year survey on the project prior to requesting the division to call the meeting. A committee, consisting of William A. Gateley of the Cotton Textile Institute of New York City and Perry S. Newell, Secretary of the Association of Cotton Textile Merchants of New York, was appointed to investigate the present standardisation of packaging and submit the data to the department for inclusion in the recommendations of the conference.

The recommendations adopted at the conference will be submitted to the industry for acceptance. When more than 80 per cent have subscribed to the same, they will be printed and made available for general distribution. The recommendations, as adopted, will be subject to an annual revision by a standing committee consisting of Margaret Rogers (chairman), E. Stagg Whitin, Associates for Government Service, New York; Perry S. Newell, William A. Gateley, Miss Julia K. Jaffray, General Federation of Women's Clubs; and W. B. Folger, American Hospital Association and Association of Employed Officers, U. M. C. A. of North America, New York City.

NEWS

[NOTE.—News items should be typed, if possible, double space, or written plainly, especially proper names. Send items to *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

The American Nurses' Association

More plans are taking shape every day for the Biennial Convention of the American Nurses' Association June 4 to 9 at Louisville, Kentucky. The list of hotels will be published next month.

Nurses' Relief Fund

REPORT FOR SEPTEMBER, 1927

Balance on hand August 31	$14,481.24
Interest on investments	277.50
Interest on bank balances	6.48
	$14,765.22

Contributions

California: District 1, Alameda, $8; District 5, Los Angeles, $40; District 14, Butte County, $6; District 16, Orange County, $27; District 18, Long Beach, $13; District 24, Santa Monica Bay, $1	$95.00
Colorado: Individual members	6.00
Florida: District 1	12.38
Georgia: District 4	75.00
Indiana: Indianapolis City Hosp. Alumnae	11.00
Massachusetts: Individual contribution	5.00
Minnesota: District 2, St. Mary's Alum., Duluth, $50; Individual contributions, $4	54.00
Nebraska: District 2, University Hospital Alumnae, $13; Lord Lister Hosp. Alumnae, $10; Evangelican Covenant Hosp. Alumnae, $14; Individual contributions, $10	$47.00
New Jersey: District 1, Newark City Hosp. Alumnae, $550; St. Barnabas Hosp. Alumnae, $15; Individual members, $2	567.00
New York: District 13, Presbyterian Hosp. Alumnae, $100; Roosevelt Hosp. Alumnae, $50; Individual contributions, $16; District 14, Jamaica Hosp. Alumnae, $10	176.00
Tennessee: District 3	216.00
Texas: District 6	3.00
Virginia: Southwest Virginia District	10.00
Wisconsin: District 1, $38; District 2, $25; District 3, $208; District 4, $184; District 7, $74; District 8, $26; District 9, $9; District 10, $84; District 11, $15.50; District 12, $45	708.50
Total receipts	$16,751.10

Disbursements

Paid to 164 applicants	$2,442.00	
Salary	150.00	
Postage	25.00	
		2,617.00
Balance on hand September 30, 1927		$14,134.10
Farmers' Loan and Trust Co.	$3,048.55	
National City Bank	5,512.60	
Bowery Savings Bank	5,572.95	
	$14,134.10	
Invested Funds		116,575.87
		$130,709.97

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh

Avenue, New York, New York. If the address of the State Chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association at the address given above. For application blanks for beneficiaries, apply to the State Chairman or to your own alumnae or district association. For leaflets and other information, address the State Chairman, or the Director of the American Nurses' Association Headquarters.

The Isabel Hampton Robb Memorial Fund

REPORT TO OCTOBER 10, 1927

Previously acknowledged	$32,298.57
Contributions	
California: State Nurses' Association	25.00
Illinois: Third District	10.00
Indiana: First District	10.00
	$32,343.57

MARY M. RIDDLE, *Treasurer.*

The McIsaac Loan Fund

REPORT TO OCTOBER 10, 1927

Balance, September 10	$944.61
Contributions	
California: State Nurses' Association	25.00
Illinois: Third District	10.00
Indiana: First District	10.00
Interest	1.04
	$990.65
Disbursements	
Printing	18.75
Balance, October 10	$971.90

MARY M. RIDDLE, *Treasurer.*

Annual contributions to each fund are desired from alumnae, district and state associations. Checks should be made out separately and sent to the Treasurer, Mary M. Riddle, care *American Journal of Nursing*, 19 West Main Street, Rochester, N. Y. For application blanks and information, write the Secretary, Katharine DeWitt, at the same address.

Spanish-American War Nurses

The twenty-sixth annual meeting of the SPANISH-AMERICAN WAR NURSES was held in Detroit, Michigan, August 28–31, with an attendance of sixty-one. Reports showed that much business of importance had been transacted during the year and that the organization is in good condition. Officers are: President, Jennie R. Dix (reëlected); secretary, Eva Trenholm Green; treasurer, H. Josephine Shepherd; correspondent, Leda Luda Fithian. The 1928 meeting will be held in Havana at a time to be appointed.

The Guild of St. Barnabas for Nurses

THE GUILD OF ST. BARNABAS FOR NURSES held its forty-first annual council in Cincinnati, Ohio, October 13 and 14. The speaker at the evening meeting was Bishop Rogers.

Army Nurse Corps

During the month of September members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Katherine S. King; to the station hospital, Fort Benjamin Harrison, Ind., 2nd Lieut. Maude H. Hager; to the station hospital, Fort Benning, Ga., 2nd Lieut. Florence G. Daley; to the station hospital, Fort Bragg, N. C., 2nd Lieut. Daisy E. Kinsland; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieuts. Mabel M. Ford, Edna C. Dermody, Grace A. Dermody; to the station hospital, Jefferson Barracks, Mo., 2nd Lieut. Mattie L. Patterson; to the station hospital, Fort Leavenworth, Kans., 2nd Lieuts. Ethel Taylor, Rosene Wents; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Ella F. Tingley, Pruella H. Droddy; to the station hospital, Fort Sam Houston, Texas, 2nd Lieuts. Florence I. Lee, Virginia Kilroy, Flora R. Silverman, Geraldo Lindstrum; to the station hospital, Fort Totten, N. Y., 2nd Lieuts. Katherine C. Kocyan, Utie Kleibscheidel; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Mary A. Kenney.

Ten have been admitted to the Corps.

The following named are under orders for separation from the service: Lulu Ann Booth, Virginia Jordan, Katherine Randall, Dorothy I. Battle, Kathryn I. Schaefers.

PART OF A ROUND TABLE GROUP AT GENEVA. NOTE MISS NINA D. GAGE, PRESIDENT OF INTERNATIONAL COUNCIL OF NURSES, THIRD FROM THE LEFT

First Lieut. Julia O. Flikke, Principal Chief Nurse, on duty at Walter Reed General Hospital was promoted to the grade of Asst. Supt., A. N. C., with the rank of Captain, Army Nurse Corps, effective September 13, 1927.

Army School of Nursing: Fifty-four students were admitted to the preliminary class on October 1, 1927.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.

Navy Nurse Corps

REPORT FOR SEPTEMBER

Appointments: Twelve.

Transfers: To Indian Head, Md., Ella M. Rothermel; to Mare Island, Cal., Lilla H. Sawin, N. Eva Wolfe; to Newport, R. I., Josephine M. Lane; to New York, N. Y., Celia D. Krogh; to Pearl Harbor, T. H., Lucy A. West; to San Diego, Cal., Frances S. Denk, Mary M. Pare, Clara B. Halling.

Honorable Discharge: Josephine A. Phelps, Harriet C. Chandler, Nellie M. Skinner, Irva R. Young.

Resignation: Marietta H. Riney, Hester E. Nelson, Amy M. Fancher, Margaret M. Hooper.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. Public Health Service

REPORT FOR SEPTEMBER

Transfers: To Baltimore, Md., Zuleika Simes; to Boston, Mass., Florence Strause, Mary Lomax; to San Francisco, Cal., Anna McFadden, Myrtle Brown; to Stapleton, N. Y., Mary Cunningham, Emma Barlow; to Chicago, Ill., Katherine Taulbee.

Reinstatements: Bertha Bishop, Carolyn Glickley.

New assignments: Nine.

LUCY MINNIGERODE,
Superintendent of Nurses, U. S. P. H. S.

United States Veterans' Bureau

REPORT FOR SEPTEMBER

Assignments: Thirty-three.

Transfers: To Lake City, Florida, Eudella Pritchard, Beatrice Campbell; to Augusta, Ga., Lulu Johnson, Ellen Mullay; to Ft. Snelling, Minn., Eleanor Fengler; to Jefferson Barracks, Mo., Elizabeth Dwyer; to Sunmount, N. Y., Jenny Colligan.

Reinstatements: Catherine Sherry, Margaret O'Garr, Anne U. Smith, Dora Eoffe, May Jones, Jessie Bowes, Mattie Cleveland, Helene Dilfer, Lillian Neisham, Frances M. Whitaker, Rebecca Monrean, Mary G. Garbell, Celia F. Battey.

MARY A. HICKEY,
Superintendent of Nurses, U. S. V. B.

Institutes and Special Courses

Illinois: The fifth annual institute for nurses sponsored by the ILLINOIS LEAGUE OF NURSING EDUCATION was held in Chicago, August 15 to 25 on McKinlock Campus of the Northwestern University Medical School. Three large lecture rooms, four laboratories used for exhibit rooms, and an office for the director were available for institute purposes. May Kennedy, the director of the institute states in her report: "There is no doubt that the university atmosphere which prevailed everywhere enhanced the programs very much and made the 1927 institute the best in every respect." The following courses, each consisting of ten lectures, were offered: "Principles of Teaching and Learning," May Kennedy, Director of Illinois School of Psychiatric Nursing, Chicago; "Psychology," William E. Blatz, M.D., Professor of Psychology, University of Toronto; Director St. George's School for Child Study, Toronto; "Sociology," William L. Bailey, Professor of Sociology, Northwestern University; "Effective Speaking," Bertram G. Nelson, Associate Professor of English, University of Chicago. In addition, lectures and demonstrations dealing with various phases of nursing and hospital administration were given at the Medical School as well as at a number of schools of nursing and hospitals in the city. A feature which proved very helpful and attracted much attention was the exhibit of educational material furnished by public health organizations and schools of nursing. There were eighty-nine registrants for the complete course, representing eleven different states. A number of nurses attended the series of lectures in one or two of the courses, and many were present for the special lectures. The representation from the public health groups was particularly encouraging. Over two hundred tickets were given to student nurses who attended special lectures and demonstrations. A total of eleven hundred forty-four single admission tickets were issued and several afternoons the attendance was over three hundred.

Commencements

NEBRASKA:

Lincoln General Hospital, Lincoln, a class of twelve, on September 29, with addresses by Rev. Paul Covey Johnson and Dr. J. M. Mayhew.

NEW JERSEY:

The Taunton State Hospital, Taunton, a class of five, on October 6, with an address by C. Macfie Campbell, M.D.

NEW YORK:

The Physicians' Hospital, Plattsburgh, a class of twelve on October 17, with an address by Anna C. Maxwell.

OHIO:

St. Elizabeth's Hospital, Youngstown, a class of nineteen, on October 19, with an address by Right Rev. Joseph Schremba, D.D.

PENNSYLVANIA:

The J. C. Blair Hospital, Huntingdon, a class of eight, on October 7, with an address by Hon. Emerson Collins.

State Boards of Examiners

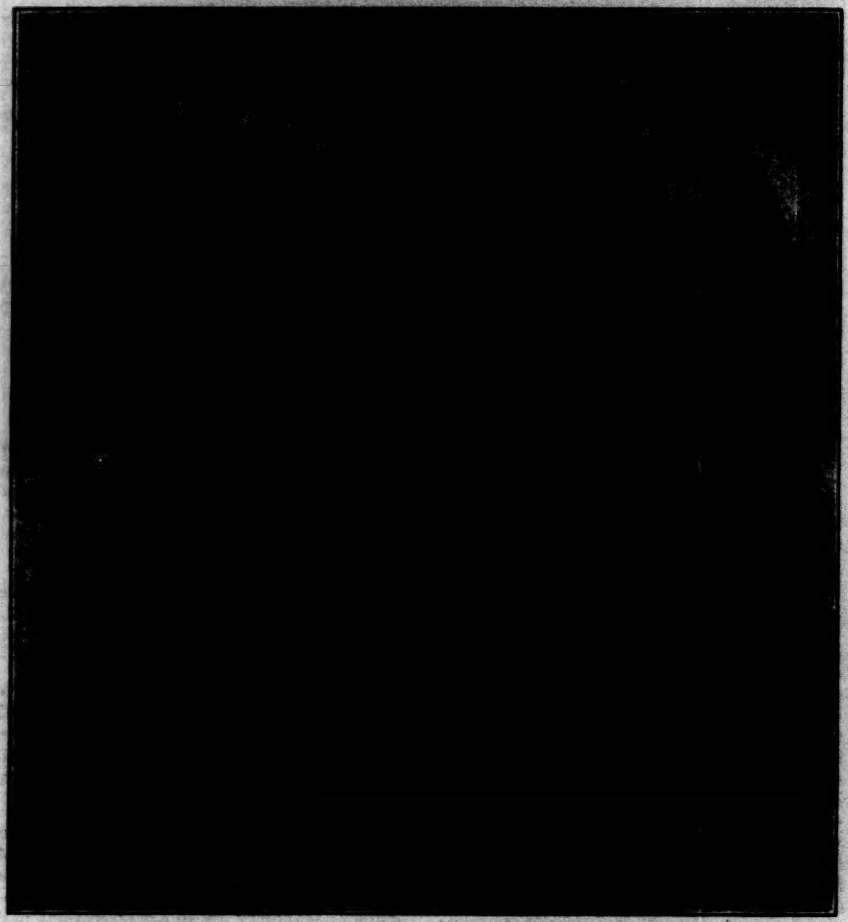
Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, December 13, 14, 15, to examine nurses for a license to work in Colorado. Apply to the Secretary, Louise Perrin, Capitol Building, Denver, Colo.

District of Columbia: Officers of the NURSES' EXAMINING BOARD are: President, Bertha McAfee; secretary and treasurer, Mary M. Carmody.

Indiana: THE INDIANA BOARD OF REGISTRATION AND EXAMINATION FOR NURSES, will hold its semi-annual examination in State House, Indianapolis, November 15 and 16. Applicants apply to Room 421, State House, Indianapolis.

Kentucky: THE KENTUCKY STATE BOARD NURSE EXAMINERS will conduct semi-annual examination for registration of graduate nurses in Louisville, at the St. Joseph's Infirmary November 15–16. Applications and information may be secured from the Secretary, Flora E. Keen, Thierman Apt. C–4, Louisville.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold examinations on December 8, 9 and 10, beginning at 9 a. m. in St. Paul, at the New State Capitol; in Duluth, at St. Mary's Hospital; in Rochester, at St. Mary's Hospital; and in Crookston, at St. Vincent's Hospital. Nurses must have completed their course by December 8, 1927, in order to take the examination in December. Applications accompanied by the fee of $15 must be in the hands of the Secretary, Leila Halverson, Old State Capitol, St. Paul, by November 23.



SOME GERMAN NURSES AT THE CONFERENCE IN GENEVA

Montana: THE MONTANA STATE BOARD OF EXAMINERS OF NURSES will hold an examination for the registration of nurses on November 8–9, at the State Capitol, Helena.

Nebraska: The next state board examination for nurses will be held November 7, 8 and 9 at Lincoln and Omaha, concurrently.

New Jersey: Examination for Registered Nurse will be held by NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES on November 18 and 19, at the State House, Trenton. For information apply to Secretary-Treasurer, 42 Bleecker St., Newark.

North Dakota: THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will hold an examination in Fargo and Minot for state registration, November 15 and 16. All applications must be filed with the Secretary not later than November 6. Mildred Clark, Secretary, Devils Lake.

Ohio: The Nurses' Examining Committee of the State Medical Board of Ohio will hold an examination for nurse registration December 6, 7 and 8, at Columbus. Applications should be filed well in advance, to the Chief Examiner, Ohio Building, Fourth and Main Streets.

Texas: Nell Phillips has resigned her position as Educational Secretary. A. Louise Dietrich has again been appointed to fill this office.

Vermont: The next examinations given by the VERMONT STATE BOARD OF REGISTRATION FOR NURSES will be held at Montpelier, in the State House, November 10 and 11, beginning at 9 a. m.

Wyoming: THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold examination and registration for nurses in Cheyenne, December 5–7, all applications to be filed with the Secretary not later than November 10. Mrs. H. C. Olsen, Secretary, Cheyenne.

State Associations

Alabama: The fifteenth annual convention of the ALABAMA STATE NURSES' ASSOCIATION was held at Shocco Springs, September 16 and 17, with over a hundred registered and the following program was held: Board of Directors met September 14 at 8 p. m., in the dining room of the hotel. Thursday, September 15, registration; 9 a. m., call to order by the President, Annie Mae Beddow; invocation, Gertrude Whetstone, Sylacauga; addresses of welcome by Judge A. E. Hammett and Mayor H. F. McElderry, Talladega; a beautiful response by Margaret Hutton of Montgomery. Linna H. Denny gave a report of her work in having the bill amended, relative to state registration by the legislature just convened. The amended bill requires two years' high school now, and after 1930 a complete high school education. Mrs. Ethel Triteline, Birmingham, read a most interesting paper, "Spirit of Nursing." Dr. H. S. Ward of Birmingham then spoke on "The New Psychology and Nursing." Reports from the seven districts showed increased activity in educational, civic and health lines. A general discussion of the reports was led by Zoe LaForge. Jane Van De Vrede of Georgia spoke on the work of the Grading Committee of the American Nurses' Association and was called on frequently in the discussions that followed. Luncheon was given by the Club Girls of Talladega County, during which Harriet Ploudens, Director, gave an interesting account of the work of these girls. Miss Caldwell gave a very graphic report with charts showing the health work done in connection with the Talladega County Schools. At 2.30, call to order by the President; invocation by Dr. Abernathy; "Medical Ethics and Its Relation to the Public," by Dr. J. D. S. Davis, President of Alabama State Medical Association. Doctors Gilbert Douglas and E. P. Hogan of Birmingham both gave short talks, endorsing and encouraging the work of the Association. Miss Van De Vrede gave an interesting paper on "Some Essential Occupations for Women," which was discussed freely. The Nominating Committee then presented the ballot and while the tellers counted the same, Mrs. Joe Elliott, Birmingham, gave a vivid and amusing account of her work in the Florida storm center. The following officers were elected: President, Annie Mae Beddow, Birmingham, third term; vice-presidents, Lucille Dugan, Birmingham, Mrs. Leah East, Mobile; secretary, Linna H. Denny, Birmingham; treasurer, Ruth Davis, Selma, third term. Chairman of Ways and Means Committee, Zoe LaForge, Birmingham; Nominating Committee, Mrs. Annie Laurie Jones, Montgomery; Arrangements Committee, Jessie Marriner, Montgomery; Relief Fund, Bertha McElderry Talladega; Printing, Enis Kynard, Selma; Organization, Mrs. Ida Inscor, Dothan; Publicity, Catherine A. Moultis, Birmingham, third term. Recommendations of the Advisory Council of the American Nurses' Association were discussed and accepted. At 6 p. m. the Seventh District Association gave a barbecue followed by an attractive program of recitations, music and a dance. Friday, September 16, 9 a. m., meeting called to order by the President; invocation, Gertrude Whetstone. Janet Geister, Executive Secretary of the American Nurses' Association gave an interesting talk on "The Future of the Private Duty Nurse." Many questions were asked and discussed by Miss Geister. Miss Marriner gave a brief outline of the work done by the Rockefeller Foundation in Alabama, due to the influence of Col. Frederick F. Russell, M.D. Dr. French Craddock, Jr., of Sylacauga read a paper, "Problems of Nurse Training in the Small Hospital." Miss Denny gave the report of Red Cross work for the state. The proposed code of ethics was then read in unison. Miss Marriner was voted chairman of a committee to study this code and report on the same at the Louisville meeting next year. At 1 p. m. there was an alumnae luncheon at which each told her school, office held, etc. 2.30 p. m., call to order by the President; invocation, Dr. Ormond; address, "Some Spiritual Aspects of Nursing," Rev. Dr. Dill; President's address, "What Next?" reports from Misses B. Brown and M. Houlihan about their work in the flood district. The Association voted to establish State Headquarters in Birmingham, with Miss Denny as Secretary, to establish a State Relief Fund which will not

conflict with the National Relief Fund. It endorsed the work of the Grading Committee and will contribute to the same. Eufaula was selected as the meeting place for 1928. The new officers were introduced after which the meeting adjourned to visit the Deaf and Dumb School at Talladega, also the State School for Blind. The first prize for the student posters was awarded St. Margaret's Hospital, Montgomery. The judges were, Misses Geister, Van De Vrede and Mr. Crossman of the Macmillan Company.

Arkansas: The Arkansas State Nurses' Association will hold its fifteenth annual meeting, November 7 and 8, at Fort Smith. All nurses are invited and members are urged to attend.

Florida: The Florida State Nurses' Association will hold its fourteenth annual convention in Miami, November 3–5, with headquarters at the Hotel Everglades. National guests will be Janet Geister of the American Nurses' Association and Beatrice Short from the National Organization for Public Health Nursing.

Georgia: The Georgia State Nurses' Association will hold its twenty-first annual meeting in Macon, November 8–10.

Idaho: The Idaho State Association is holding its fall meeting at Twin Falls, November 1. Agnes G. Deans, new Field Secretary for the American Nurses' Association, made her first official visit to Idaho in August and September. At Twin Falls, August 31, Miss Deans met the members of the First District and spoke on the need of organization. At Pocatello, September 2, she met with Third District at their regular quarterly meeting. She again spoke on organization and also helped them with their registry work. At Idaho Falls, September 9, she met a large group of nurses who are contemplating organizing an alumnae association and, later on, to form another district of the State Association. At all these meetings nurses were present who are not members of the American Nurses' Association but who showed a strong interest and it is felt that all the organizations will be stronger after Miss Deans' visit. She made a brief survey of the registries that are functioning. She gave advice and courage to all the groups and to those whom she met between meetings.

Illinois: The Illinois State Association held its annual meeting in Mount Vernon, October 12–15. Irene R. Stimson was re-elected president; the new secretary is Ella Best, 509 Honore Street, Chicago. (A fuller report will appear later.)

Maryland: The twenty-fifth annual meeting of the Maryland State Nurses' Association will be held in Baltimore, January 25–27. The Maryland League of Nursing Education and the Maryland State Public Nurses' Association will hold their annual meetings at the same time. The celebration of the twenty-fifth anniversary of the Maryland State Nurses' Association will be held at the Lyric Theater on January 26.

New Jersey: The twentieth semi-annual meeting of the New Jersey State Nurses' Association will be held in Plainfield on November 4, with headquarters at the Young Women's Christian Association.

Tennessee: The twenty-second annual meeting of the Tennessee State Nurses' Association was held in Chattanooga, October 10 and 11, with an attendance of about one hundred and sixty. Jane Van De Vrede, representing the American Nurses' Association and the National Organization for Public Health Nursing, and Beatrice Short, representing the National Organization for Public Health Nursing, attended the meeting and contributed to the program. One of the most interesting features of the program was the Student Nurses' Section. A permanent Student Nurses' Section was created. The State Association voted to contribute $100 a year for a five-year period to aid in the financing of the Grading Plan. It was also voted to contribute $20 to the Robb Memorial Fund and $20 to the McIsaac Loan Fund. Mrs. Corinne B. Hunn of Memphis is the newly elected president; the secretary is Katheryn Flynn, City Health Department, Knoxville. The 1928 meeting will be held in Memphis.

District and Alumnae News

Alabama: Birmingham.—The regular meeting of St. Vincent's Alumnae was held in the auditorium of the Nurses' Home. A letter from the Grading Committee was read and discussed. A motion was made and carried to contribute $20 a year, for five years, to this work. The Association was asked to contribute $10 towards a filing cabinet for State Headquarters, which it did. Miss Hoerig told of the State Relief Fund established at the annual meeting just convened and suggested the money deposited in the Sick Benefit Fund be turned over to the Scholarship Fund with the consent of the donors. This was

acted on favorably. Sister Anne, Superintendent of Nurses, told of the requirements for entrance being raised and asked all to help get high school graduates for the training school. She also informed the members that the hospital would turn its registry over to Mrs. Foster, the Official Registrar, the first of October.

California: San Francisco.—THE NORTHERN LOCAL LEAGUE met on September 16 at the San Francisco Nurses' Club, with fifty-two members present who welcomed their new chairman, Ann O'Loughlin, instructor at Fabiola Hospital, Oakland. The tentative program promises interesting discussions; music provided by the various schools of nursing will open the meetings. An institute is planned for January. The yearly vocational conference for senior students was held in September. Every third meeting of the year will be held in Alameda County. In response to the appeal for funds from the Grading Committee, it was decided to give $25 a year for five years. Enthusiastic reports were given by several members of their work at the summer session at the University of California. These were especially gratifying, as this is the first work of the Nursing Foundation which was recently established by the nurses of California. Nurses came to take the course from Oregon, Idaho, Texas, Arizona, Kansas and, of course, from California. It is apparent that such courses in a western university will fill a long-felt need.

Connecticut: New Haven.—Appointments to the faculty of the YALE SCHOOL OF NURSING for the coming year are Louise O. Canham, Mae D. McCorkle, Lulu Powley and Dorothy Cannon.

District of Columbia: Washington.—The regular meeting of the LEAGUE OF NURSING EDUCATION of the District of Columbia was held at the Emergency Hospital, September 22. Mary Tobin, Instructor of Nurses, Walter Reed Hospital, was appointed Director of the Educational Committee. After the business session Clara D. Noyes gave a most interesting account of the meetings of the International Council of Nurses.

Georgia: Macon.—THE THIRD DISTRICT held a meeting on September 3 at the Macon Hospital Nurses' Home. Dora A. Kershner spoke on the necessity for better education for candidates for schools of nursing. Plans were made for entertaining the State Association. The October meeting was held on the 1st at State Sanatorium Nurses' Home.

Illinois: Chicago.—THE ILLINOIS LEAGUE OF NURSING EDUCATION held its first fall meeting in September at the Chicago Nurses' Club with the following program: "What Are the Advantages of a Central Registry?" Anna Cole Smith; "Should the Private Duty Nurse Select Her Cases or Take Them in Order of Call from the Registry or the Doctor?" M. Helena McMillan; "Should Twenty-four Hour Duty for Private Duty Nurses Be Allowed in the Modern Hospital of Today?" Ada Belle McCleery; "Some Problems of a Registrar," Lucy Last Van Frank. Miss Asseltine, Superintendent of Nurses at the Children's Memorial Hospital, has resigned to go abroad. Miss Kay, a graduate of St. Luke's, is directing the School of Nursing at the Chicago Memorial.

Indiana: Indianapolis.—The regular meeting of the FOURTH DISTRICT was held on September 13 at the Lincoln Hotel. After the regular business, Dr. John H. Warrel gave a splendid talk on "Liver Treatment in Pernicious Anemia," which he considers of greater benefit to humanity than insulin. THE INDIANAPOLIS CITY HOSPITAL ALUMNAE met on September 10 at the Nurses' Home. Pearl B. Forsythe gave a talk on her work in Japan. REID MEMORIAL HOSPITAL has an addition, almost completed, which increases the capacity by fourty-four rooms. Work has been begun on the new Nurses' Home. The new nurses' home of the INDIANA UNIVERSITY SCHOOL OF NURSING is nearing completion. The corner stone of the Nurses' Home of the METHODIST HOSPITAL was laid in September.

Iowa: Indianola.—Winifred Boston, formerly of Cedar Rapids, has been appointed a school nurse.

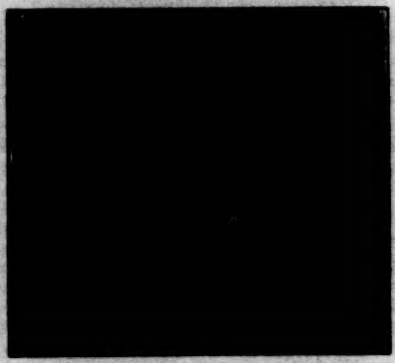
Louisiana: New Orleans.—THE ALUMNAE ASSOCIATION OF TOURO INFIRMARY at their annual meeting, October 5, elected: President, Mrs. Clara Block; vice-presidents, Louise Schlosser, Mamie Pepper; secretary, Ola Scarborough; treasurer, Eunice Broussard. The retiring president, B. P. Avila, reported the outstanding accomplishment of the Association to have been the equipping of a laboratory for student nurses at a cost of $627.18. The money was raised by the donation by seventeen members of a day's pay and by entertainments. The secretary's report shows 129 active members, 41 associate or non-resident members, 49 delinquents and 50 new members. The alumnae gave a dinner on September 26 in honor of Amelia Greenwald who spent three years in Poland establishing a school of nursing.

Massachusetts: Boston.—The new building for the out-patient department of the MASSACHUSETTS GENERAL and the MASSACHUSETTS EYE AND EAR INFIRMARY hospitals was opened on October 17. The new wing of the training school of the NEW ENGLAND DEACONESS HOSPITAL—Harris Hall—was opened on October 18.

Michigan: Battle Creek.—THE BATTLE CREEK DISTRICT held its September meeting at the Battle Creek Sanitarium. A report on the State Convention was given by the Vice-President, Ruth Tappan. Mary C. Wheeler, State General Secretary, gave a talk on her work. **Detroit.**—Detroit was fortunate in being able to hear some of the most distinguished women in the nursing profession at a joint conference of the medical and nursing professions at the Congress of the American College of Surgeons, October 3. Adda Eldredge, Minnie H. Ahrens, Janet M. Geister, Jane Van De Vrede, and Shirley C. Titus, discussed problems of interest to the nursing profession. **Saginaw.**—Shirley C. Titus, President of the Michigan League of Nursing Education, was the speaker at the luncheon meeting of the public welfare division of the Michigan Federation of Women's Clubs, the annual meeting of which was held in Saginaw, October 19. Miss Titus chose "Nursing Education" as the subject of her talk.

New York: Cohoes.—Nurses of Capital District No. 9 were entertained as guests of the city. Mayor Daniel J. Cosgro addressed the meeting. Harriet Bailey, Secretary State Board of Nurse Examiners, was present and led the discussion on pledging for the financing of the Grading Plan Committee. Beatrice Spargo, read a paper on "The Newer Developments of Supervision in Schools of Nursing.

Ohio: Cincinnati.—DISTRICT 8 held its first fall meeting on September 26 at the Bethesda Medical Hospital. Agnes Hilton gave an interesting talk on "The Nurse as a Citizen." During the week October 22-30, the Good Samaritan Hospital celebrated its Diamond Jubilee. The new wings of 300 additional beds and the new nurses' home, Victoria Hall, were opened to the public for inspection. A motion picture was shown featuring the student nurse through her entire course from the day of entrance to the day of graduation. On Monday, October 24, Nurses' Day, all the activities were under the direction of the Alumnae Association and student nurses. **Delaware.**—The fifth annual meeting of the DELAWARE SPRINGS SANITARIUM ALUMNAE ASSOCIATION was held at the Sanitarium on September 24, with fifteen of the thirty-eight members present. Each responded to roll call by telling her address and her present occupation, with the whereabouts of as many absent members as she knew. Greetings were received from graduates in Kentucky, Missouri, California, and Alabama. Two of the former superintendents were present, Marie Gantschi and Mrs. John T. Brown. The next meeting will be held in June at the same place. **Youngstown.**—On September 21 a well attended meeting of DISTRICT 3 was held in the new nurses' home of St. Elizabeth's Hospital. V. Lota Lorimer, President of the State Association, spoke on the "Value of Nursing Organizations." The members inspected the home after the meeting. The next meeting will be held on November 16 at the girls' rest room, Strouss Hirshberg's, and the program will be provided by the official nurses' registry.



THE PRESIDENT AND TWO REPRESENTATIVES OF THE BELGIAN NURSES' ASSOCIATION IN ATTENDANCE AT THE CONFERENCE

Pennsylvania: Huntingdon.—The J. C. Blair Hospital Alumnae held their annual meeting, October 7, and elected: President, Mrs. Ethel Henderson; vice-president, Mrs. Greta Trebalakis; secretary, Mrs. Mary Shelley; corresponding secretary, Virgie Moist; treasurer, Mrs. Mary Hohman.

Rhode Island: Providence.—The first fall meeting of the RHODE ISLAND HOSPITAL ALUMNAE was held on October 22 at the new Aldrich Home. After the business meeting the members had an opportunity to greet the new Superintendent, Helen Potter, graduate of the Massachusetts General, who succeeds Miss Erpestad who resigned in August. A playlet was given by some of the members.

South Dakota: Webster.—THE THIRD DISTRICT held a meeting on October 1, with Dr. and Mrs. Peabody, Anna C. Olson, Superintendent of the Peabody Hospital, acting as hostess. Dr. Phister of Webster gave a paper, "Infant and Child Feeding," while Dr. Severide of Webster read a paper on "Cardiac Diseases." Both were very interesting.

Texas: Galveston.—On September 15 at the nurses' residence, John Sealy Hospital District 6 entertained the students of St. Mary's Hospital and John Sealy Hospital. A. Louise Dietrich, Educational Secretary of the Texas State Board, was guest of honor. Miss Dietrich made an instructive talk on the work of the Grading Committee. Edith Huck, 1927 graduate of the Texas University School of Nursing, has received a loan from the Texas Graduate Nurses' Association and has entered the State University at Austin.

Virginia: Richmond.—Construction work has begun on a new dormitory at the Medical College of Virginia, which will accommodate 134 young women of the School of Nursing. The first two floors will be occupied by dining room facilities, home economics laboratory, linen rooms, offices, living room, reception rooms, and a large room which can be used for gymnastic, social, and auditorium purposes, and facilities for teaching the principles of nursing. The upper four floors will contain sleeping quarters, half the students in single and half in double rooms, each room equipped with hot and cold water and clothes closet. Both shower and tub baths will be provided and on each floor will be a generous, heated sun parlor with southern exposure. It is expected that the new dormitory will be ready for occupancy at the beginning of the school year in 1928. At the beginning of the second year of the Central School of Nursing maintained by the Medical College of Virginia, fifty students are matriculated from four Richmond hospitals for the preliminary course; in the college school of nursing proper, there are fifty-six matriculates for this course. These students of nursing are taught in the same lecture rooms and laboratories as students of medicine, dentistry and pharmacy, and students are expected to meet college entrance requirements.

Wisconsin: Cornelia Van Kooy succeeds Cecilia A. Evans as Director of the Bureau of Public Health Nursing, of the State Board of Health. **Janesville.**—MERCY HOSPITAL is planning a *Journal* Club composed of the graduate head nurses, the senior class, and any of the alumnae who may be on special cases. The SECOND DISTRICT met at Mercy Hospital, on September 30. Because of the absence of the President, Martha Smart who has spent the summer in Europe, the first Vice-President, Elizabeth Joyce, was in the chair. The main business of the meeting was the election of seven delegates to the state meeting. The Secretary having resigned, Gladys N. Kiniery was elected to fill the vacancy.

Deaths

Mrs. Ivy Lucas Ayre (class of 1923, Union Hospital, Fall River, Mass.) on September 29. Mrs. Ayre had a pleasing personality; she was engaged in active nursing to the time of her death.

Mrs. Cora Kunzie (class of 1919, Rhode Island Hospital, Providence, R. I.) on August 30, at Wallum Lake Sanitarium, after a long illness.

Mrs. Mulcahy (**Mary Midgley**, class of 1917, Josiah B. Thomas Hospital, Peabody, Mass.) on August 30, after a year's illness. Mrs. Mulcahy was President of the Alumnae Association, having taken office in 1926. She was held in high esteem by all who knew her, for her loving character, her gentle and retiring disposition, possessing only the best of nursing qualities.

Mary Newman (class of 1921, Baroness Erlanger Hospital, Chattanooga, Tenn.) on September 23, at Baroness Erlanger Hospital, following a long illness. Miss Newman took the highest honors of her class in the State Board examination; she had been an instructor in her own school and had taken post-graduate work at Peabody College. She leaves a host of friends.

Mrs. Laura Fell White (graduate of Lakeside Hospital, Chicago) in June, at Eagle River, Wis. Mrs. White was for many years Superintendent of the Lakeside Hospital and while there she helped in the first campaign for state registration in Illinois. She organised and for many years carried on the school of the Goshen Hospital, Goshen, Ind., leaving only when a new modern hospital had been secured and when her health began to fail. She then retired to a farm in Wisconsin.

Martha Zollman (class of 1913, Lutheran Hospital, Fort Wayne, Indiana) at her home, Milwaukee, Wis., on September 5, after an illness of four months.

About Books

LESSONS IN MASSAGE. By Margaret D. Palmer. Sixth edition. Revised and massage section rewritten by Dorothy Wood. Illustrated. 320 pages. William Wood & Company, New York. Price, $4.00.

IN the fifth edition of "Lessons on Massage" Miss Palmer approaches the subject from an elementary viewpoint, making an excellent book for beginners. In the sixth edition Miss Palmer approaches the subject from the angle of one specializing in physiotherapy. The chapters on fractures are excellent. Various types of fractures, their common causes, splinting and physiotherapy treatment are well covered. The entire work is well organised and the subject matter given in such a way that it should be an excellent textbook for physiotherapists.

I think the book is too advanced for use in schools of nursing. However, I should recommend it highly for graduate nurses who are specializing in physiotherapy.

In organisation, subject matter, illustrations, in fact, in every way, the sixth edition is a great improvement on the fifth edition.

EMMA E. VOGEL,
Supervisor, Physiotherapy Dept.
Walter Reed General Hospital,
Washington, D. C.

NURSING MENTAL AND NERVOUS DISEASES. By Albert Coulson Buckley, M.D. 297 pages. J. B. Lippincott Company, Philadelphia. Price, $3.00.

"NURSING Mental and Nervous Diseases," as the title would indicate, discusses in a brief manner both psychiatry and neurology. The approach to the subject is made through the first two chapters, entitled, "Biological Discussion and the Vertebrate Nervous System," where the fundamental factors of both psychiatry and neurology are taken up. This is followed by a short psychological treatment of those processes which later on become the fundamental factors of all the psychoses and neuroses.

The psychoses are discussed very briefly; only the important factors are considered. The author does not use a definite outline for his discussions although attention, in most instances, is given to such factors as symptoms, course, and nursing care. One chapter is devoted to causes of mental diseases in general, which is followed by the classification of the diseases and disorders. In addition to a short discussion on the nursing care included in the discussion of each psychosis, two chapters are devoted to the care and treatment of the mental patient, in which the historical aspect is considered, and special nursing procedures, such as psychotherapy, hydrotherapy and occupational therapy are taken up. Mental hygiene is also discussed very briefly.

Part IV is devoted to the diseases of the nervous mechanism. The various diseases are briefly discussed under the following classification: diseases of the nerves, diseases of the spinal cord, diseases of the brain and the general nervous system. The nursing care in nervous diseases is described in connection with the discussion of the disease.

As indicated by the foregoing, this book covers a very extensive field, necessarily the discussions are very brief. In most instances they are

concise and to the point, and only the most important factors are brought out. For a rapid résumé of the two subjects, namely psychiatry and neurology, it no doubt is very good, but it is too brief and unsystematically arranged for a good textbook for nurses.

MAY KENNEDY, B.S., R.N.,
Director, Illinois School of Psychiatric Nursing.
Chicago, Ill.

AN INTRODUCTION TO OBJECTIVE PSYCHOPATHOLOGY. By G. V. Hamilton, M.D. 354 pages. The C. V. Mosby Company, St. Louis, Mo. Price, $5.00.

IN this book Dr. Hamilton has presented human behavior as he has observed, studied and interpreted it from personal contact with patients over a period of several years. The method followed is scientific in every detail, and Dr. Robert M. Yerkes, professor of psychology of Yale University, says: "Hamilton's discoveries are undoubtedly of fundamental and far-reaching importance. I am old enough to be rash on occasion, so I venture to predict that he will presently find himself the leader of a school of psychopathology which will as importantly modify our current conceptions of reaction tendencies and their relations, as has psychoanalytic method our notions about mental content."

The book is divided into two parts. Part 1, entitled Clinical Psychopathology, consists of an introduction, a survey of standard cases and a summary of the survey findings.

In the introduction Dr. Hamilton emphasizes the importance of following the scientific method and describes the method he uses in studying and interpreting human behavior. Two hundred illustrative cases are described in detail. In these very vivid descriptions he follows a definite plan: first, the general symptoms are clearly stated, then a statement of the physical factors, if any are manifested; this is followed by a discussion, which consists of a very frank, open description of the patient's past life. The physician then gives an explanation of those important episodes which were the underlying causes of the present condition of the patient, and gives advice as to how the abnormal symptoms and tendencies may be overcome. The results of the advice and treatment are carefully recorded. In the history of these two hundred concrete cases a very vivid picture is given of the various reactions to the many urges of human beings. Illustrative material so scientifically arranged and presented will help both the physician and the nurse to interpret more quickly and with greater clarity and accuracy the behavior of their patients. The summing-up of the findings of the survey is most interesting, and the procedure for dealing with nervous patients as outlined is very splendid. This scientific attitude and a clearly defined method of procedure are the first steps in the scientific treatment of the psychopathic disturbances.

Part II discusses the principles of clinical psychopathology. A chapter is devoted to Neural Morphology, Neural Physiology and Endocrinology; this is followed by a very interesting discussion of such topics as the Comparative Studies of Reactions to Baffling Disadvantages, Habit Formation, the Relation of Inhibition of Responsiveness to Indirect Responsiveness, Unsatisfied Major Cravings, Reactions to Inferiority and Sexual Behavior.

The book is especially valuable because of the scientific method used

in the study and treatment of the psycho-pathological patient and no doubt will be a stimulus to more systematic research in human personality. It is a valuable book for all persons dealing with behavior problems.

MAY KENNEDY, B.S., R.N.,
Director, Illinois School of Psychiatric Nursing.
Chicago, Ill.

ESSENTIALS OF PSYCHIATRY. By George W. Henry, M.D. 195 pages. Williams and Wilkins Company, Baltimore, Md. Price, $2.75.

THE introduction to this book by Dr. Thomas W. Salmon emphasises the importance of the physician, generally, having some knowledge of psychopathology. What is true in this case for the physician is equally true for the nurse. The book aims to give the much desired knowledge which is so necessary for the health worker of the present time. The purely nursing factors are very good, but too limited from the nurse's standpoint, therefore the book on a whole is better adapted for a general reference book for the more essential points in psychiatry, than for a textbook for nurses.

The chapters on personality are very interesting and enlightening, and give in a well organised and very brief manner the development of personality and the reasons for some of the more common personality disorders.

The various psychoses are first classified into three large groups namely, the functional, toxic and organic psychoses. A further classification is made, which makes a more detailed classification and is better adapted for the student. In the discussion of the various disorders and diseases, a definite method is followed, so that the reader can easily follow the main points and get the outstanding symptoms of the particular psychoses. In each description the author proceeds as follows: the definition, frequency, causes, symptoms, course and prognosis. This systematic classification and presentation make the book an excellent one for student reference. The large amount of illustrative case material makes the book very valuable by acquainting the student with concrete cases. The methods of treatment from both the doctor's and the nurse's viewpoint are discussed separately from the general discussion of the psychoses. The latter is a brief chapter written by a nurse, taking up the more important phases of psychiatric nursing.

The chapter entitled Psychopathology of the Normal is, without doubt, a most interesting and illuminating discussion on sanity, one which every nurse would enjoy reading. After reading it, one wonders just where she belongs in the scale of mental health and well-being. The author says: "Most people regard themselves as mentally 'normal'. They resent or become alarmed at any suggestion that they have characteristics in common with the mentally abnormal. As a matter of fact, no person is, in all respects or at all times, entirely 'normal'." Attention is called to the abnormalities of a number of prominent and famous individuals who, in many instances, have been considered great men of their age. In fact, some of our greatest poets, inventors, statesmen and musicians are included in the list. This chapter could be used as a topic for class discussion. The lives of the men referred to could be studied by the various students, to ascertain how the

predominating symptoms were manifested, and from these manifestations the psychoses of the individual could be named.

The last four chapters are devoted to a discussion of mental hygiene, psychiatric social service, the legal and historical aspects of psychiatry. These discussions are very brief, taking up only the more important factors.

MAY KENNEDY, B.S., R.N.,
Director, Illinois School of Psychiatric Nursing.
Chicago, Ill.

INFECTIOUS DISEASES AND ASEPTIC NURSING TECHNIQUE. By D. L. Richardson, M.D. Illustrated. 182 pages. W. B. Saunders Company, Philadelphia. Price, $1.50.

DR. D. L. RICHARDSON'S book, dealing with infectious diseases and aseptic nursing technic, has been awaited with eager expectancy by those who, for more than fifteen years, have looked to the pioneers in the Providence City Hospital for standards in dealing with the problems involved in the care and control of communicable diseases.

Doctor Richardson's articles in hospital and medical journals, his annual reports of work done in Providence Hospital, his manuals of technic for the guidance of the hospital personnel, have all been of inestimable value to those who have had opportunity to study them. And now his textbook for nurses will be a great aid in teaching the medical aspects of infectious diseases in schools of nursing.

The book is divided into two sections. The first deals with the infectious diseases which appear with more or less frequency in the United States. He defines the disease, gives the etiology, mortality, incubation period, symptoms, complications, prognosis and treatment. The various methods by which the different diseases are disseminated are clearly set forth. The second part deals with medical aseptic technic as worked out in the Providence City Hospital. This is presented in a very clear, concise, direct manner and should be of the greatest value to administrators of all hospitals—especially those in charge of hospitals caring for contagious diseases, as well as to physicians and nurses on the staffs of such institutions. It is made evident that by the use of simple isolation measures, as here set forth, the patient suffering from a communicable disease in a general hospital should receive proper care without in any way being a menace to others.

While the carrying out of exact details of technic in use at Providence may not be practical in other institutions, the principles involved are made clear and can be adapted anywhere. Private duty nurses, public health nurses and public health officers should find this section exceedingly helpful.

In view of the advances made in preventive medicine it is a bit disappointing that Doctor Richardson, who stresses the importance of vaccination against smallpox and typhoid fever, does not encourage the more general use of protective measures against diphtheria and scarlet fever which are too common among young physicians and nurses.

The author's wide experience and his successful administration make him a recognised authority in dealing with the subject of transmissible diseases. His new book will fill a long-felt need. A textbook on the nursing care of communicable diseases is also needed.

CHARLOTTE JOHNSON, R.N.
Chicago, Ill.

THE FOUNDATIONS OF NUTRITION. By Mary Swartz Rose, Ph.D. 500 pages. Illustrated. The Macmillan Company, New York. Price, $2.75.

"THE Foundations of Nutrition" is largely composed of digests of many books and papers on nutritional subjects, strung on a scientific string, which makes it, as a whole, valuable and interesting to those doing any form of nutritional study or work.

The scope of this book is unusual. It begins with an historical introduction, dating from the time of the reign of Jehoiakim in 607 B. C. and step by step follows the experiments and studies of importance in the field of nutrition up to the present time.

The closing chapters show how to construct an adequate diet for each member of a family and for persons in various occupations.

Unless one had some knowledge of the science, the reading of this book would mean little, but as a reference book for student nurses who are studying dietetics it would be valuable.

BERTHA M. WOOD.

East Northfield, Mass.

BOOKS RECEIVED

TO WHOM IT MAY CONCERN. A popular address about smallpox and vaccination. By Dr. William Wanklyn. 34 pages. The Voluntary Service Fund. 38 Friday Street, London, E. C. 4. Price, 1s. 6d.

PROCEDURE BOOK—THE METHODIST EPISCOPAL HOSPITAL, Brooklyn, N. Y. 151 pages. The Methodist Episcopal Hospital of Brooklyn, N. Y. Price, $2.00.

NOMENCLATURE OF DISEASES AND OPERATIONS. By T. R. Ponton, M.D. Endorsed by the American College of Surgeons. 143 pages. Physicians' Record Company, Chicago, Ill. Price, $2.00.

MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Vol. II. Administration American Expeditionary Forces. Prepared under the direction of Maj. Gen. M. W. Ireland, the Surgeon General, by Col. Joseph H. Ford, M.C. Illustrated. 1123 pages. United States Government Printing Office, Washington, D. C. Price, $3.40.

HEALTH LESSONS FOR THE CONVALESCENT AND THE HANDICAPPED. By Pauline Jordan. 12 pages. Issued through the Sturgis Fund, Burke Foundation, White Plains, N. Y.

MEDICAL CARE FOR A MILLION PEOPLE. A report on clinics in New York City and of the six-years' work of the Committee on Dispensary Development of the United Hospital Fund, 1920–26. Published by the Committee, 151 Fifth Avenue, New York.

A TEXTBOOK OF GYNECOLOGY. By James Young, D.S.O., M.D. Illustrated. 338 pages. The Macmillan Company, New York. Price, $2.75. An exceedingly compact but comprehensive presentation of the subject. Although not prepared for nurses in particular, it should provide useful reference material for classes in gynecological nursing.

The publication of "Parent Education," the volume covering the proceedings of the Northwest Conference on Child Health and Parent Education, held in Minneapolis last March, is announced by the University of Minnesota Press. Early orders are requested. Cost, postpaid, $2.00. Address, The Editor, University of Minnesota Press, Minneapolis.

Official Directory

International Council of Nurses.—Secretary, Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company.—President, Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y. Sally Johnson, Boston; Stella Goostray, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elisabeth G. Fox, Washington, D. C. Headquarters and editorial office, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19, Mass. Headquarters Secretary, Janet M. Geister, 370 Seventh Ave., New York. Sections: Private Duty, Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. Mental Hygiene, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. Legislation, Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. Government Nursing Service Section, Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. Relief Fund Committee, Chairman, Mrs. Janette F. Peterson, 690 South Marengo Ave., Pasadena, Cal. Revision Committee, Chairman, Dora M. Cornelison, 148 Summit Ave., St. Paul, Minn.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Sec., Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treas., Marian Rottman, Bellevue Hospital, New York. Executive secretary, Blanche Pfefferkorn, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—President, Mrs. Anne L. Hanson, 181 Franklin St., Buffalo, N. Y. Director, Jane C. Allen, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treas., Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.

New England Division, American Nurses' Association.—President, Sally Johnson, Massachusetts General Hospital, Boston, Mass. Sec., Mary Alice McMahon, Boston State Hospital, Boston, 24, Mass.

Middle Atlantic Division.—President, Jessie Turnbull, Elizabeth Steele Magee Hospital, Pittsburgh, Pa. Sec., Gertrude Bowling, Visiting Nurse Association, Washington, D. C.

Mid-West Division.—President, Adda Eldredge, State Board of Health, Madison, Wis. Sec., Mrs. Alma H. Scott, 309 State House, Indianapolis, Ind.

Northwestern Division.—President, E. Augusta Ariss, Deaconess Hospital, Great Falls, Mont. Sec., Floss Kerlee, State Hospital Warm Springs, Mont.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Elinor D. Gregg, Field Director of Nurses, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

Alabama.—President, Annie M. Beddow, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham. President examining board, Helen MacLean, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1320 N. 25th St., Birmingham.

Arizona.—President, Mrs. Vera Thomas, 1601 North Stone Ave., Tucson. Sec., Mrs. Bertha Easton, 543 W. Moreland Ave., Phoenix. President examining board, Kathryn G. Hutchinson, Tombstone. Sec.-treas., Catherine O. Beagin, Box 2488, Prescott.

Arkansas.—President, Mrs. Marie McKay Sellers, Russellville. Sec., Blanche Tomaszewska, 1004 W. 24th St., Pine Bluff. President examining board, Walter G. Eberle, M.D., First National Bank Bldg., Fort Smith. Sec.-treas., Ruth Riley, Fayetteville.

California.—President, Anne A. Williamson, 2028 Primrose Ave., S. Pasadena. Sec., Mrs. J. H. Taylor, 743 Call Bldg., San Francisco. State League President, Daisy Dean

Urch, Highland Hospital, Oakland. Sec., Helen F. Hansen, State Building, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jammé, State Building, San Francisco.

Colorado.—President, Gertrude Loutsenheiser, Glockner Sanitarium, Colorado Springs. Sec., Ann Dickie Boyd, 1370 Humboldt St., Denver. State League President, Laura Elder, St. Luke's Hospital, Denver. Sec., Ruth Colestock, Colorado General Hospital, Denver. President examining board, Eleanor Lafferty, Minnequa Hospital, Pueblo. Sec., Louise Perrin, State House, Denver.

Connecticut.—President, Margaret Barret, 463 Edgewood Ave., New Haven. Sec., Amber L. Forbush, 46 Durham Ave., Middletown. Executive secretary, Margaret K. Stack, 175 Broad St., Hartford. President examining board, Martha P. Wilkinson, Linden Apartment, Hartford. Sec., Mrs. Winifred A. Hart, 109 Rockton Ave., Bridgeport.

Delaware.—President, Amelia Kornbau, Delaware Hospital, Wilmington. Sec., Florence Marvil, 1116 Clayton St., Wilmington. President examining board, Frank L. Pierson, M.D., 1007 Jefferson St., Wilmington. Sec., Mary A. Moran, 1313 Clayton St., Wilmington.

District of Columbia.—President, Julia C. Stimson, War Department, Washington. Sec., Annabelle Peterson, 1337 K St., N. W., Washington. District League President, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington. Sec., Anna G. McKeon, Garfield Memorial Hospital, Washington. President examining board, Bertha McAfee, 2611 Adams Mill Rd., Washington. Sec.-treas., Mary K. Carmody, 1337 K St., N. W., Washington.

Florida.—President, Mrs. Byrtene Anderson, care State Board of Health, Jacksonville. Sec., Mrs. Bonnie Arrowsmith, 712 N. Bay St., Tampa. President examining board, Anna L. Fetting, 15 Rhode Ave., St. Augustine Sec.-treas., Mrs. Louisa B. Benham, Hawthorne.

Georgia.—President, Lucy M. Hall, 522 E. 40th St., Savannah. Sec., Mrs. Alma Albutt, 12 W. Jones St., Savannah. State League President, Mrs. Eva S. Tupman, Grady Hospital, Atlanta. Sec., Annie B. Feebeck, Grady Hospital, Atlanta. President examining board, Jessie M. Candlish, 105 Forrest Ave., N. E., Atlanta. Sec.-treas., Jane Van De Vrede, 105 Forrest Ave., N. E., Atlanta.

Idaho.—President, Helen Smith, St. Luke's Hospital, Boise. Sec., Maime Watts, 510 W. Bannock St., Boise. Department of Law Enforcement, Bureau of Licenses, C. A. Laurenson, Director, State Capitol, Boise.

Illinois.—President, Irene R. Stimson, Rockford College, Rockford. Sec., Ella Best, 509 S. Honore St., Chicago. State League President, Evelyn Wood, 116 S. Michigan Blvd., Chicago. Sec., Viana B. McCown, 509 S. Honore St., Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana.—President, Anna M. Holtman, Lutheran Hospital, Ft. Wayne. Sec., Rowetta Graves, Union Hospital, Terre Haute. Executive secretary and educational director, Mrs. Alma H. Scott, 309 State House, Indianapolis. State League President, Ethel Carlson, City Hospital, Indianapolis. Sec., Mrs. Walter P. Morton, 3504 Evergreen Ave., Indianapolis. President examining board, Anna M. Holtman, Lutheran Hospital, Ft. Wayne. Sec., Lulu V. Cline, Room 421, State House, Indianapolis.

Iowa.—President, Nelle R. Morris, 612 First St., Knoxville. Sec., Maude E. Sutton, Park Hospital, Mason City. State League President, Lola Lindsey, University Hospital, Iowa City. Sec., Blanche Corder, University Hospital, Iowa City. President examining board, Frances G. Hutchinson, 551 Franklin Ave., Council Bluffs. Sec., Jane M. Wiley, 1714 Sixth Ave., East, Cedar Rapids.

Kansas.—President, Ethel L. Hastings, Wesley Hospital, Wichita. Sec. Mrs. Elizabeth Dana, Coffeyville. State League President, Cora Miller, Newman Memorial Hospital, Emporia. Sec., Mrs. Dorothy Jackson, Newman Hospital, Emporia. President examining board, Ethel L. Hastings, Wesley Hospital, Wichita. Sec.-treas., M. Helena Hailey, Dodge City.

Kentucky.—President, Mrs. Myrtle Applegate, 2051 Sherwood Ave., Louisville. Corresponding secretary, Emma Lou Conway, 610 State St., Southern Heights, Louisville. State League President, Flora E. Keen, Thierman Apt. C-1, 416 W. Breckenridge St., Louisville. Sec., Lillian E. Rice, Sts. Mary and Elizabeth Hospital, Louisville. President examining board, Jane A. Hambleton, 922 S. Sixth St., Louisville. Sec., Flora E. Keen, Thierman Apt. C-1, 416 W. Breckenridge St., Louisville.

Louisiana.—President, Geneva Peters, 1040 Margaret Pl., Shreveport. Sec., Beatrice Drum, 431 Egan St., Shreveport. State League President, Mrs. Anna L. Smith, Lady of the Lake Sanitarium, Baton Rouge. Sec.-treas., Mrs. Anna W. Crebbin, Charity Hospital, New Orleans. President examining board, George S. Brown, M.D., 1112 Pere Marquette Bldg., New Orleans. Sec.-treas., Julie C. Tebo, 1005 Pere Marquette Bldg., New Orleans.

Maine.—President, Rachel A. Metcalfe, Lewiston. Sec., Mrs. Theresa R. Anderson, Box 328, Bangor. President examining board, Agnes Nelson, Maine General Hospital, Portland. Sec.-treas., Mrs. Theresa R. Anderson, Box 328, Bangor.

Maryland.—President, Jane E. Nash, Church Home and Infirmary, Baltimore. Sec., Sarah F. Martin, 1211 Cathedral St., Baltimore. State League President, Annie Creighton, University Hospital, Baltimore. Sec., Frances M. Branley, University Hospital,

Baltimore. President examining board, Helen C. Bartlett, 604 Reservoir St., Baltimore. Sec.-treas., Mary Cary Packard, 1211 Cathedral St., Baltimore.

Massachusetts.—President, Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19. Corresponding secretary, Helen Blaisdell, Peter Bent Brigham Hospital, Boston. President State League, Josephine E. Thurlow, Cambridge Hospital, Cambridge. Sec., Margaret Vickery, Broad Oak, Dedham. President examining board, Josephine E. Thurlow, Cambridge Hospital, Cambridge. Sec., Frank M. Vaughan, M.D., State House, Boston.

Michigan.—President, Grace Ross, City Department of Health, Detroit. Corresponding secretary, Elizabeth Robinson, 308 Abbott Road, East Lansing. General secretary, Mary C. Wheeler, 51 W. Warren Ave., Detroit. State League President, Shirley C. Titus, University Hospital, Ann Arbor. Sec., Beatrice Ritter, Memorial Hospital, Owosso. President examining board, Guy Kiefer, M.D., Detroit. Sec., Mrs. Helen de Spelder Moore, 622 State Office Bldg., Lansing.

Minnesota.—President, Caroline Rankiellour, 2720 Blaisdell Ave., Minneapolis. Sec., Dora Cornelisen, 148 Summit Ave., St. Paul. President State League, Lena Ginther, St. Joseph's Hospital, St. Paul. Sec., Ella A. Christensen, St. Paul Hospital, St. Paul. President examining board, Mrs. Sophie Olson Hein, 219 S. Lexington Ave., St. Paul. Sec., Leila Halverson, Old State Capitol, St. Paul.

Mississippi.—President, Mary B. Lynch, Columbia. Sec., Mary D. Osborne, State Board of Health, Jackson. President examining board, H. R. Shands, M.D., Jackson. Sec.-treas., Aurelia Baker, McComb.

Missouri.—President, Anna Anderson, Children's Mercy Hospital, Kansas City. Sec., Florence Peterson, 1025 Rialto Bldg., Kansas City. State League President, Irma Law, 529-a E. High St., Jefferson City. Sec., Carrie A. Benham, 600 S. Kingshighway, St. Louis. President examining board, Mrs. Louise K. Ament, Lutheran Hospital, St. Louis. Sec., Jannett G. Flanagan, 718 Chemical Building, St. Louis.

Montana.—President, Frances Vollmer, East Helena. Sec., Mrs. Lily Morris, Galen. President examining board, E. Augusta Arias, Deaconess Hospital, Great Falls. Sec.-treas., Frances Friedericks, Box 928, Helena.

Nebraska.—President, Homer C. Harris, Clarkson Hospital, Omaha. Sec., Mary E. O'Neill, St. Joseph's Hospital, Omaha. State League President, Effie Welsh, Evangelical Covenant Hospital, Omaha. Sec., Helen Rusk, Methodist Episcopal Hospital, Omaha. Bureau of examining board secretary, Lincoln Frost, Department of Public Welfare, State House, Lincoln.

Nevada.—President, Mrs. Aurora C. Robinson, 510 S. Virginia St., Reno. Sec., Claire Souchereau, 224 Vine St., Reno. Sec., examining board, Mary E. Evans, 631 West St., Reno.

New Hampshire.—President, Elizabeth Murphy, State Board of Education, Concord. Sec., H. Myrtle Flanders, 93 South St., Concord. State League President, Rosanna O. Donnoghue, Portsmouth General Hospital, Portsmouth. Sec., Anne Shepard, Women's Memorial Hospital, Concord. President examining board, Mrs. Harriet Kingsford, Mary Hitchcock Hospital, Hanover. Sec., Ednah A. Cameron, 8 N. State St., Concord.

New Jersey.—President, Anne E. Rece, Muhlenberg Hospital, Plainfield. Sec., Gertrude M. Watson, Mountainside Hospital, Monclair. Executive secretary, Arabelle R. Creech, 42 Bleecker St., Newark. State League President, Jessie M. Murdock, Jersey City Hospital, Jersey City. Secretary, Blanche E. Eldon, Mercer Hospital, Trenton. President examining board, Elizabeth J. Higbid, 42 Bleecker St., Newark. Sec.-treas., Mrs. Agnes Keane Fraentsel, 42 Bleecker St., Newark.

New Mexico.—President, Mrs. Blanche Montgomery, Albuquerque. Sec., Mary P. Wight, Park View Court, Albuquerque. President examining board, Sister Mary Lawrence, St. Joseph's Hospital, Albuquerque. Sec.-treas., Ella J. Bartlett, 1601 East Silver St., Albuquerque.

New York.—President, Louise R. Sherwood, The Snowden, Syracuse. Sec., Lena A. Kranz, State Hospital, Utica. Executive secretary, M. L. Woughter, 370 Seventh Ave., New York. State League President, Helen Wood, Strong Memorial Hospital, Rochester. Sec., Mary E. Robinson, 340 Henry St., Brooklyn. President examining board, Sister Immaculata, Convent of Mercy, Rensselaer. Sec., Harriet Bailey, State Education Bldg., Albany.

North Carolina.—President, Mary P. Laxton, Biltmore Hospital, Biltmore. Sec., Dorothy Wallace, P. O. Box 91, Asheville. State League chairman, E. A. Kelly, Highsmith Hospital, Fayetteville. Sec., Elizabeth Connelly, Sanatorium. Educational director, Lula West, Martin Memorial Hospital, Mt. Airy. President examining board, E. A. Kelly, Highsmith Hospital, Fayetteville. Sec.-treas., Mrs. Dorothy Hayden Conyers, Box 1307, Greensboro.

North Dakota.—President, J. Evelyn Fox, Trinity Hospital, Minot. Corresponding secretary, Esther Teichmann, 911 6th St., Bismarck. State League President, Sister M. Kathla, St. Michael's Hospital, Grand Forks. Sec., M. Evelyn Fox, Trinity Hospital, Minot. President examining board, Josephine Stennes Rugby. Sec., Mildred Clark, General Hospital, Devils Lake.

Ohio.—President, V. Lota Lorimer, 11705 Detroit Ave., Lakewood. Sec., Mrs. Lucile Grapes Kinnell, 199 Webster Park, Columbus. General Secretary and State Headquarters,

Mrs. E. P. August, 415 Hartman Theatre Bldg., 79 E. State St., Columbus. Chief Examiner, Caroline V. McKee, 275 S. Fourth St., Columbus. Sec., Dr. H. M. Platter, 275 S. 4th St., Columbus.

Oklahoma.—President, Anna Picklum, 530 E. Reno St., El Reno. Sec., Marjorie W. Morrison, 1120 N. Hudson St., Oklahoma City. State League President, Ethel Hopkins, Methodist Hospital, Guthrie. Sec., Edna E. Powell, City Hospital, Hominy. President examining board, Ethel M. Hopkins, Methodist Hospital, Guthrie. Sec., Mrs. Candice Montfort Lee, Route 4, Oklahoma City.

Oregon.—President, Mrs. Ruby Emery Buckle, 646 Marguerite Ave., Portland. Sec., Jane Gavin, Mallory Hotel, Portland. State League president, Pauline Knudson, 311 City Hall, Portland. Sec., Mary Campbell, N. Y. Life Ins. Co., Board of Trade Building, Portland, President examining board, Grace Phelps, 616 Lovejoy St., Portland. Sec., Grace L. Taylor, 448 Center St., Salem.

Pennsylvania.—President, Helen F. Greaney, 25 W. Mt. Pleasant Ave., Mt. Airy, Philadelphia. Sec.-treas., Netta Ford, 42 Central Bank Bldg., York. Gen. Sec. and State Headquarters, Esther R. Entriken, 815 Mechanics Trust Bldg., Harrisburg. State League President, Mary C. Eden, Presbyterian Hospital, Philadelphia. Sec., Anna L. Meier, Presbyterian Hospital, Philadelphia. President examining board, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Sec.-treas., Helene Herrmann, 812 Mechanics Trust Bldg., Harrisburg.

Rhode Island.—President, Winifred Fitzpatrick, 118 N. Main St., Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. State League President, Anna K. McGibbon, Butler Hospital, Providence. Sec., Anna Shaheen, Memorial Hospital, Pawtucket. President examining board, William O. Rice, M.D., Rhode Island Hospital, Providence. Sec.-treas., Evelyn C. Mulrenan, St. Joseph's Hospital, Providence.

South Carolina.—President, Marguerite Andell, Roper Hospital, Charleston. Sec., Meyeral Engelberg, Roper Hospital, Charleston. Secretary board of nurse examiners, A. Earl Booser, M.D., Columbia.

South Dakota.—President, Carrie E. Clift, 1205 West Blvd., Rapid City. Corresponding secretary, Margaret Hoover, 115 Fourth St., N. E., Watertown. President examining board, Bothilda U. Olson, 510 N. 4th Ave., Mitchell. Sec.-treas., Mrs. Elisabeth Dryborough, Rapid City.

Tennessee.—President, Mrs. Corinne B. Hunn, Oakville Sanatorium, Oakville. Sec., Katheryn Flynn, City Health Dept., Knoxville. President examining board, B. V. Howard, M.D., Knoxville. Sec.-treas., Canie Hawkins, 903 Walker Ave., Memphis.

Texas.—President, ... Sec.-treas., A. Louise Dietrich, 1001 E. Nevada St., El Paso. State League President, Mrs. Robert Jolly, Baptist Hospital, Houston. Sec., Mary Kennedy, Harris County Red Cross Nursing Service, Houston. President examining board, Ruby Buchan, King's Daughters' Hospital, Temple. Sec., Mary Grigsby, 1305 Amicable Bldg., Waco.

Utah.—President, Mrs. E. G. Richards, 168 C St., Salt Lake City. Sec., Katherine Brett, L. D. S. Hospital, Salt Lake City. Department of Registration, Capitol Bldg., Salt Lake City.

Vermont.—President, Lillie Young, Brattleboro. Sec., Helen B. Wood, Proctor Hospital, Proctor. President examining board, Dr. T. S. Brown, Mary Fletcher Hospital, Burlington. Sec., Hattie E. Douglas, West Rutland.

Virginia.—President, Martha V. Baylor, Roanoke Hospital, Roanoke. Sec., Lillie W. Walker, Memorial Hospital, Danville. President examining board, L. L. Odom, Sarah Leigh Hospital, Norfolk. Sec.-treas., and Inspector of Training Schools, Ethel M. Smith, Craigsville.

Washington.—President, Carolyn Davis, Minor Hospital, Seattle. Sec., Cora E. Gillespie, Room 4, Y. W. C. A., Seattle. State League President, Catherine E. Jones, 809 Fifth Ave., Seattle. Sec., Henrietta Adams, General Hospital, Everett. Chairman Committee Nurse Examiners, Katherine Major, 2535 34th Ave., S., Seattle. Sec., May Mead, State Normal School, Bellingham.

West Virginia.—President, Nell Robinson, Ohio Valley General Hospital, Wheeling. Sec., W. Louise Kochert, 10 Pleasant St., Mannington. President examining board, Frank LeMoyne Hupp, M.D., Wheeling. Sec., Mrs. Andrew Wilson, 1300 Byron St., Wheeling.

Wisconsin.—President, Grace Crofts, Madison Genl. Hospital, Madison. Sec., Mrs. C. D. Partridge, 527 Layton Ave., Cudahy. State League President, Stella Ackley, Milwaukee County Hospital, Wauwatosa. Sec., Rose Newman, Mt. Sinai Hospital, Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, Grace Williams, Wyoming Tuberculosis Hospital, Basin. Sec., Mrs. Reba C. Parnell, 711 West 28th St., Cheyenne. President examining board, Mrs. Agnes Donovan, Sheridan. Sec., Mrs. H. C. Olsen, 3122 Warren Ave., Cheyenne.

Territorial Associations

Hawaii.—President, Albertina Sinclair, Leahi Home, Honolulu. Sec., Janet M. Dewar, Children's Hospital, Honolulu.

Porto Rico.—President, Mrs. Erudina A. Crespo, Box 362, San Juan. Exec. Sec., Margarita D. Rivera, Box 362, San Juan.